

August 2020 Semi-Annual
CPA Compliance Report
Reporting Period: January 1, 2020 – June 30, 2020

Jensen Settlement Agreement Comprehensive Plan of Action
 August 2020 Semi-Annual Compliance Report
 Reporting Period: January 1, 2020 to June 30, 2020

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I. Background

The *Jensen* Settlement Agreement (Doc. No. 136-1) is the result of a lawsuit filed against the Department of Human Services (“Department”) in 2009, which alleged that residents of the former Minnesota Extended Treatment Options (METO) program were unlawfully and unconstitutionally secluded and restrained. The *Jensen* Settlement Agreement (JSA) allowed the Department and the Plaintiffs to resolve the claims in a mutually agreeable manner. The Comprehensive Plan of Action (CPA) (Doc. No. 283) is the implementation plan for the JSA. (See Doc. No. 284 at 2.)

The Comprehensive Plan of Action (CPA) includes three parts.

- Part I covers elements of the Settlement Agreement and the closure and replacement of the MSHS-Cambridge facility with community services.
- Part II covers the Rule 40 Modernization plan.
- Part III covers the Olmstead Plan.

The Comprehensive Plan of Action includes Evaluation Criteria (ECs) organized according to the relevant sections of the JSA. “The ECs set forth the outcomes to be achieved and are enforceable.” (Doc. No. 283 at 1.) Through meeting the requirements of each Evaluation Criteria, the Department has implemented the results-oriented structure intended by the parties.

Some ECs have accompanying Actions. “The Actions are not enforceable requirements.” (Doc. No. 283 at 1.) However, “Compliance with an EC will be deemed to have been achieved if the EC’s Actions are taken.” (Id.) The Department may also “undertake alternate actions to achieve satisfaction of the EC.” (Id.)

II. Introduction

This is the *Jensen* Settlement Agreement (JSA) Comprehensive Plan of Action (CPA) August 2020 Semi-Annual Compliance Report created in response to the February 22, 2016 Order for Reporting on Settlement Agreement (Doc. Nos. 545, 545-1). The Department based this report on data, documentation and information from January 1, 2020 through June 30, 2020. Evaluation Criteria subject to semi-annual reporting include ECs 2, 3, 39, 41, 47, 48, 49, 50, 51, 52, 53, 64, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 93, 98 and 103. (See Doc. No. 545-1.)

Quality Assurance and Disability Compliance Services (QADC Services) developed content for this report from information submitted and verified by persons identified as being responsible for each EC. The Responsible Party for each EC is identified by title. EC updates also includes an assessment as to whether each EC has been met.

QADC Services completed additional verification and analysis of the information submitted by the Responsible Parties. QADC Services’ compliance monitoring and verification process is explained in more detail below. The update for each EC in this report includes a description of the verification efforts specific to that EC.

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Impact of COVID-19

On March 13, 2020, consistent with Department of Human Services policies, and Minnesota Department of Health (MDH) and Centers for Disease Control and Prevention (CDC) guidelines, the Department began following social distancing practices. In accordance with Governor Tim Walz's Emergency Executive Order 20-20,¹ titled "Directing Minnesotans to Stay at Home," which went into effect on March 27, 2020, the Department required all staff who were able to perform their work functions at home, including QADC Services, to telework. QADC Services began telework on March 18, 2020. During this time, QADC Services has conducted all its monitoring and oversight activities remotely and the Successful Life Project has provided its services by phone, videoconference or email. Both QADC Services and Successful Life Project have worked diligently with private providers and other areas of DHS in order to overcome the technical and privacy challenges that different videoconference platforms posed.

On April 13, 2020, Governor Walz issued Emergency Executive Order 20-48, which extended the peacetime emergency and continued the Stay at Home Order until May 18, 2020. On May 13, 2020, Governor Walz issued Emergency Executive Order 20-56, "Safely Reopening Minnesota's Economy," which rescinded Executive Order 20-48. Executive Order 20-56 creates guidelines and expectations for safely going back to work.

On June 5, 2020, QADC Services began the process of planning for returning to in-person work with the Department's Recovery Director for Operations (Legal and Compliance). This planning process prioritizes developing a "Return-to-the-Workplace Plan" for site visits by QADC Services and QADC Clinical Services (including Internal Reviewer and Successful Life Project on-site visits) in accordance with Department and Minnesota Management and Budget planning requirements and Executive Order 20-56.

III. QADC Services Compliance Oversight Structure

Quality Assurance and Disability Compliance Services

As required by the Comprehensive Plan of Action, the Department established the *Jensen* Implementation Office in 2014 to manage and coordinate the CPA. While the primary responsibilities of the *Jensen* Implementation Office have continued to include management and coordination of the JSA and CPA obligations, since 2014, the responsibilities of the *Jensen* Implementation Office have evolved. The Internal Reviewer is part of the *Jensen* Implementation Office.

Jensen/Olmstead Quality Assurance and Compliance Office (JOQACO)

In 2016, the *Jensen* Implementation Office moved to the Department's Compliance Office and was renamed the *Jensen/Olmstead* Quality Assurance and Compliance Office (JOQACO). (See Doc. No. 589

¹ Governor Walz's Executive Orders are available on the Governor's web site at: <https://mn.gov/governor/news/executiveorders.jsp>.

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at 5.) The organizational and name changes for JOQACO were accompanied by a shift in focus from implementation and coordination to quality assurance and compliance monitoring and measurement. Consistent with this new focus, JOQACO developed enhanced verification protocols and expanded the Internal Reviewer responsibilities.

Quality Assurance and Disability Compliance (QADC) Services

In August 2018, the *Jensen/Olmstead* Quality Assurance and Compliance Office was renamed Quality Assurance and Disability Compliance (QADC) Services to better reflect its involvement with compliance and quality assurance activities that are additional to its obligations under the *Jensen* Settlement Agreement. (See Doc. No. 700 at 5.) QADC Services is built on the successes of the *Jensen* Implementation Office and JOQACO and its duties include the following:

- Completing special reviews and reports on a variety of settings;
- Conducting assessment and data analysis of positive supports efforts to identify positive supports compliance trends, gaps, opportunities for improvement, risks, and future needs;
- Assisting the Department's Compliance Office with conducting compliance and audit readiness activities to provide assurances that federal and state positive supports regulations and requirements are being met;
- Providing model demonstrations and training on positive support implementation, data collection, wellness and other related topics;
- Participating in Root Cause Analyses;
- Providing technical assistance on designing individualized supports around likely areas of behavioral risk including substance abuse; and
- Developing informational resources on evidence-based practices in positive supports.

QADC Services staff includes administrative staff of four full-time professionals and one full-time support staff, as required by the CPA. (See Doc. No. 283 at 1.) The full-time professionals include a director, analyst, data analyst and the Internal Reviewer. In June 2016, the Department assigned an attorney to the office as well.

In April 2020, the Department reorganized QADC Services to include the new department "QADC Clinical Services," which consists of the Successful Life Project.² The new department was created as part of QADC Services' long-term business planning and to better align with QADC Services' expanding role in providing clinical consultation, technical assistance, training and involvement in compliance activities across the Department.

Successful Life Project staff currently includes the Successful Life Project supervisor, board-certified behavior analysts (BCBAs), a registered nurse and a licensed social worker. As the QADC Clinical

² The Successful Life Project became part of JOQACO in April 2016. (See Doc. No. 589 at 58.) The Successful Life Project provides consultation, services and supports to the persons in the *Jensen* Settlement Therapeutic Follow-up Group as described in EC 98 and their teams to help prevent re-institutionalization and other transfers to settings that are more restrictive and to maintain the most integrated setting.

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Services Manager, the Internal Reviewer provides administrative and clinical oversight of Successful Life Project.

Internal Reviewer

The current Internal Reviewer³ joined the Department on December 1, 2015. In addition to specific responsibilities outlined in the JSA and CPA, the Internal Reviewer provides independent and objective quality assurance, advisory, and investigative services to the Department to improve the organization's operation. Areas of emphasis include ensuring:

- Positive supports are used where appropriate;
- Positive supports are consistent with professionally-accepted best practices;
- Different intervention methodologies are used under the positive supports framework;
- Internal review and evaluation of applicable program areas responsible for compliance with the *Jensen* Settlement Agreement and reporting to the United States District Court;
- Advice and guidance related to positive supports goals and strategies as set forth in Minnesota's Olmstead Plan; and
- Promotion of innovation in the delivery of positive supports.

The Internal Reviewer also provides clinical direction to the Department in the design, development and monitoring of improved delivery systems and clinical processes consistent with the goals and requirements of the Positive Supports Rule, positive behavior supports, person centered culture, related rules, policies and best practices.

As requested by Quality Assurance and Disability Compliance Services, DHS Senior Counsel, or the DHS Senior Leadership Team, the Internal Reviewer also completes special reviews and reports on class members, non-class members affected by the *Jensen* Settlement or other people with intellectual and developmental disabilities and other disabilities receiving services from the Department. For example, during this reporting period, the Internal Reviewer provided technical assistance and consultation for a non-class member served by a Minnesota State-Operated Community Services home, conducted reviews of behavioral incidents at the Forensic Mental Health Program and provided training on positive supports at Anoka Metro Regional Treatment Center.

Independent Compliance Oversight and Verification Process

In previous reports (e.g., Doc. Nos. 589, 614-1, 643, 676 and 683), the *Jensen*/Olmstead Quality Assurance and Compliance Office (JOQACO) reported on the development of a multi-approach process to continuously monitor compliance with the JSA and CPA, address identified areas for improvement, and verify information submitted to JOQACO and reported to the Court. JOQACO

³ The Internal Reviewer is Dr. Daniel Baker, Ph.D., NADD-CC, CCEP. Dr. Baker has a Ph.D. in Educational Psychology and has written clinical materials and books used internationally. Dr. Baker is the current Board President of NADD, a leading professional organization and is a recognized expert in positive supports, having worked in 36 states, the District of Columbia and a Canadian province.

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began to implement these compliance monitoring and verification activities in preparation for the August 2016 Semi-Annual Compliance Report (Doc. No. 589).

QADC Services continues to use this process, now fully developed, implemented and operating independently within the Department, in preparation for all subsequent reports, including this report. Under this process, program areas conduct their own monitoring activities and verification of compliance with the JSA and CPA. QADC Services then coordinates and oversees these compliance efforts by receiving regular compliance updates from the program areas, which include an explanation of the program area's compliance verification and monitoring efforts; reviewing the updates for compliance concerns and issues that require additional follow-up; and conducting independent compliance and verification reviews.

During this reporting period, QADC Services' independent compliance and verification reviews include the following activities:

- On-site,⁴ phone and virtual compliance reviews involving client interviews,⁵ observation and document reviews;
- Calls with direct support professional staff to connect with staff working each of the shifts at Minnesota Life Bridge;
- Interview of staff and external parties (e.g., case managers, providers, and family members or guardians) for a random sample of clients to evaluate programs and services that do not operate out of a single site—such as mobile support services provided by Community Support Services (CSS); and
- Review of key documents, treatment records and data from the programs areas. This includes review of program area policies, client person-centered plans (referred to at Minnesota Life Bridge as “Person Centered Descriptions/Plans”) and transition plans (referred to at Minnesota Life Bridge as “Transition Summary and Plan”), case notes, training records and curricula, databases and required notifications.

Through QADC Services' independent oversight and verification system, including review of documents and on-site, phone and virtual site visits, the Department is identifying and addressing issues before they become compliance concerns. The Successful Life Project has developed a consultation model to offer business areas for effectively providing services and reducing incidents. The consultation model is needs-based and ensures individuals receive supports at the appropriate tier and level of support, which has improved the ability to focus efforts where needed. While this process is fully developed and implemented, QADC Services continues to monitor for necessary

⁴ On March 13, 2020, consistent with Department of Human Services policies, and Minnesota Department of Health (MDH) and Centers for Disease Control and Prevention (CDC) guidelines, the Department began following social distancing practices. As of the end of this reporting period, QADC Services had not yet been able to reinstate Minnesota Life Bridge in-person site visits. As discussed above, QADC Services and the Department have begun the process of planning for how to do in-person visits safely, in accordance with Executive Order 20-56 and Minnesota Management and Budget requirements. Additionally, as discussed in the verification section for EC 2 below, QADC Services used alternative verification measures for this reporting period.

⁵ To assure compliance with applicable regulations and Department policies regarding interaction with clients, JOQACO, as previously reported, worked with the Department's Institutional Review Board to obtain authorization and develop a protocol for interviewing Minnesota Life Bridge residents. (See Doc. No. 614-1 at 6, n.3.)

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refinements, including the frequency and content of updates for specific Evaluation Criteria (ECs) from program areas to QADC Services. The compliance monitoring and verification efforts conducted by program areas and QADC Services, as well as the information obtained through these efforts, are explained in more detail in the status updates for the relevant ECs.

IV. ECs Subject to Semi-Annual Reporting

Evaluation Criteria subject to semi-annual reporting include ECs 2, 3, 39, 41, 47, 48, 49, 50, 51, 52, 53, 64, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 93, 98 and 103. The reporting period used in this report for these ECs is January 1, 2020 to June 30, 2020.

Evaluation Criteria 2

Facilities utilize person-centered planning principles and positive behavioral supports consistent with applicable best practices including, but not limited to the Association of Positive Behavior Supports, Standards of Practice for Positive Behavior Supports.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 2 has been met.

Consistent with the requirements of EC 2, the Minnesota Life Bridge treatment homes⁶ utilize person-centered planning principles and positive behavior supports at all stages of a resident's treatment program. Utilization of person-centered planning principles and positive behavior supports starts with the support team's development of the resident's Person Centered Description - Picture of a Life and Action Planning, and is further guided by development of the resident's Functional Behavior Assessment, Coordinated Service Support Plan Addendum (CSSP-A) and positive behavior support plans.⁷ The relationships between these documents and the processes by which Minnesota Life Bridge develops these documents are described in previous updates for EC 2 (Doc. Nos. 614-1, 643, 676, 700, 710, 763 and 814) and in the following updates for this reporting period:

⁶ As of the end of this reporting period, and in conformity with ECs 88 and 95, Minnesota Life Bridge continues to operate the following treatment homes: Stratton Lake, Broberg's Lake and Donnelly.

⁷ Minnesota Life Bridge uses two forms for its positive behavior support plans – the Functional Support Strategies (FSS) form for residents who do not require a Positive Support Transition Plan under Minn. R. 9544.0070, and the Positive Support Transition Plan (PSTP) (DHS-6810) form.

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- The two people [REDACTED] admitted to Minnesota Life Bridge treatment home during this reporting period had their initial Person Centered Description – Picture of a Life and Action Planning completed within 30 days of admission.⁸
- Eight of the eight persons served at a Minnesota Life Bridge treatment home during this reporting period had a Person Centered Description – Picture of a Life and Action Planning, Coordinated Services and Supports Plan - Addendum (CSSP-A), Support Plan, Functional Behavior Assessment and a Positive Behavior Support Plan; and
- Eight of the eight persons served for at least thirty consecutive days at a Minnesota Life Bridge treatment home during this reporting period had their Person Centered Description – Picture of a Life and Action Planning updated on at least a monthly basis after the initial team meeting.

The following are examples of how Minnesota Life Bridge staff use person-centered principles and positive behavior supports, reflected in residents' key documents, to support residents on a daily basis. Minnesota Life Bridge provided these examples in response to QADC Services' request for a sample of residents during one month from this reporting period (April 2020):

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

⁸ During this reporting period, Minnesota Life Bridge developed a new person-centered training for staff called "Supporting Sexual Self-Advocacy for Individuals with Intellectual/Developmental Disabilities." The main purpose of the training is to promote resident sexual well-being by helping staff feel more comfortable and confident in supporting individuals with sexual health and wellness questions or concerns.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Verification

The Responsible Party verified the information submitted to QADC Services for EC 2 through review of Minnesota Life Bridge residents' Person Centered Description – Picture of a Life and Action Planning, person-centered planning meeting minutes, and Functional Behavior Assessment documents. The Responsible Party assured that QADC Services has ongoing access to these documents.

During this reporting period, QADC Services monitored and verified the use of person-centered planning principles and positive behavior supports at Minnesota Life Bridge treatment homes, consistent with EC 2, in multiple ways. First, the Internal Reviewer monitored the use of positive behavior support strategies and consistency with applicable best practices on an ongoing basis through review of support strategies used by Minnesota Life Bridge in response to occurrences of challenging behavior. This included the Internal Reviewer's participation in regularly scheduled weekly calls with Minnesota Life Bridge to review progress on improvement of positive supports for treatment home residents. If the weekly phone call did not occur, the Internal Reviewer communicated directly with the Minnesota Life Bridge Clinical Coordinator, as needed, to assure

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regular contact. For more information about the activities of the Internal Reviewer, see the status updates for ECs 39 and 41.

The second method used by QADC Services to monitor compliance with and to verify information reported for EC 2 during this reporting period was review of each treatment home resident's Person Centered Description – Picture of a Life and Action Planning, Functional Behavior Assessment, Positive Behavior Support Plan, Coordinated Services and Supports Plan - Addendum (CSSP-A) and other related documents, such as the minutes of residents' monthly team meetings. Through review of these documents, QADC Services verified the information reported in the status update for EC 2 regarding the existence of and updates to residents' key planning and support documents. QADC Services verified team involvement in the planning process through review of the minutes of the individual's monthly meeting, which includes the monthly updating of the Person Centered Description – Picture of a Life and Action Planning.

The third method used by QADC Services to monitor compliance with and to verify information reported for EC 2 was to conduct on-site visits, phone calls and virtual visits at the Minnesota Life Bridge treatment homes. During this reporting period, QADC Services conducted virtual visits after the imposition of social distancing guidelines by using videoconferencing with Community Residential Supervisors and lead staff at the Minnesota Life Bridge treatment homes.

Prior to on-site and virtual visits, QADC Services staff review the Person Centered Description – Picture of a Life and Action Planning and Transition Summary and Plan documents for the residents' current status and to verify ongoing updating of those plans. Additionally, prior to on-site visits, QADC Services staff contact the Community Residential Supervisor of each Minnesota Life Bridge treatment home to determine that a visit on the planned day would not be detrimental to the residents' status. At times, the Community Residential Supervisor or other staff contact QADC Services with a request to cancel or reschedule a visit because a resident is having a challenging day; QADC Services staff always respect those requests.

During this reporting period, QADC Services staff conducted four on-site visits and eight virtual visits to Broberg's Lake, Stratton Lake and Donnelly. During the on-site visits, QADC Services staff interviewed residents who were available and willing to be interviewed, as well as Minnesota Life Bridge staff. QADC Services staff also looked over the physical plant for any concerns. Prior to visits, QADC Services staff reviewed each resident's Person Centered Description – Picture of a Life and Action Planning, and QADC Services is respectful to persons who do not want to meet or engage with new people.

During the virtual visits, QADC Services staff interviewed Minnesota Life Bridge Community Residential Supervisors (CRSs) and other staff, were shown the room they were taking the call in, and asked about the following:

- Whether the staff had any issues or concerns, including physical plant concerns;
- Whether the resident rights notices and information for who to contact with concerns were posted;
- How COVID-19 has affected or changed what staff do and what residents do;

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- Whether staff had any concerns or issues that had been discussed with leadership and whether there was any leadership response to these discussions;
- Whether the staff had any concerns about individual residents;
- Whether the staff had any positive stories to share.

During this reporting period, QADC Services conducted the following four on-site visits:¹⁰

- **Broberg's Lake (1):** 1/21/2020¹¹
- **Donnelly (2):** 1/10/2020; 3/13/2020
- **Stratton Lake (1):** 1/21/2020

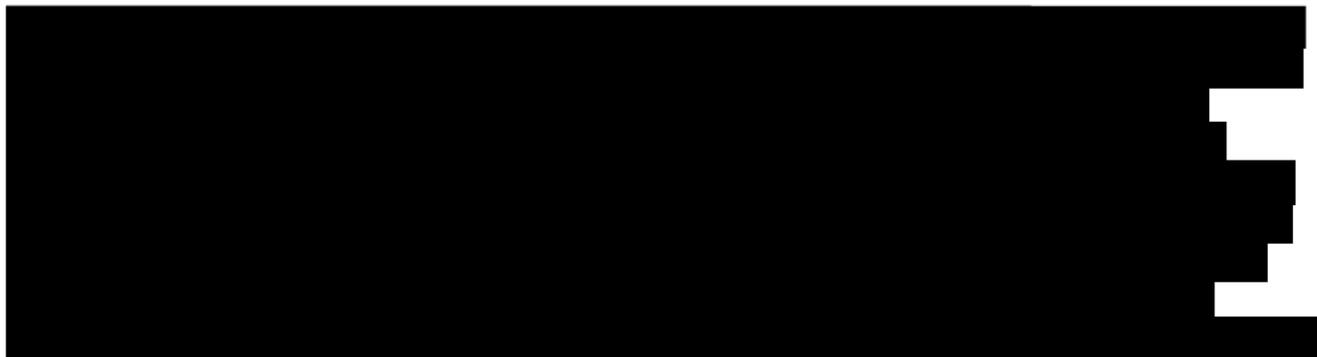
During this reporting period, QADC Services conducted the following eight virtual visits:

- **Broberg's Lake (3):** 4/21/2020; 5/19/2020; 6/16/2020
- **Donnelly (2):** 4/10/2020; 6/12/2020
- **Stratton Lake (3):** 4/21/2020; 5/19/2020; 6/16/2020

The following is information that QADC Services gathered during the on-site visits, virtual visits and telephone calls that reflects implementation of person-centered planning principles and positive behavior supports:

Broberg's Lake

During its visits, QADC Services discussed physical home renovations with Broberg's Lake staff that are designed to improve safety and support for residents. Currently, no one is living in the lower level, which allowed Minnesota Life Bridge to complete renovation there.¹²



¹⁰ All QADC Services visits to Minnesota Life Bridge homes are announced in order to minimize disruption to residents' lives.



¹² Renovations to the interior lower level space at the Broberg's Lake home started in January 2020 and were completed in May 2020.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Stratton Lake

During this reporting period, one of the topics QADC Services discussed with Stratton Lake staff during visits was the challenges of helping residents who have legal issues transition to long-term community providers. Two of the three Stratton Lake residents during this reporting period had legal issues.

[REDACTED]

[REDACTED]

-
- [REDACTED]
 - [REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Donnelly

Donnelly staff have been paying attention to how the COVID-19 restrictions and guidelines are affecting the residents and have been creative in coming up with different ways to provide choices.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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A fourth method of verification used by QADC Services during this reporting period was phone calls with direct support staff. These calls were separate from the virtual visits with the Community Residential Supervisors and allowed QADC Services to connect with direct support staff working each of the shifts.²⁰ These calls were designed to be informal conversations to check in with staff, ask how things were going, and to listen to any compliance concerns and suggestions from direct support staff who are not typically available for conversation during the in-person or virtual site visits. The intent of this new verification process is to add an additional layer of verification of the information provided by Minnesota Life Bridge leadership due to the limited ability of QADC Services to conduct on-site visits during the pandemic.

During June 2020, QADC Services was able to schedule and complete the following four telephone calls with eight unique direct support staff:

- **Broberg's Lake:** 6/16/2020: 10:30 am (1 person) and 10:45 am (2 people); 6/25/2020: 10:00 pm (2 people)²¹
- **Stratton Lake:** 6/24/2020 10:00 am (2 people); 6/19/2020: 7 am (1 person)

In the telephone calls with Broberg's Lake staff, QADC Services learned that staff researched the less busy times in town so that residents could go in to town for shopping, exercise and other activities during these times and thus minimize their potential exposure to COVID-19. Staff also reported that staff and the residents have adjusted to masks, social distancing and other changes fairly well.

In the telephone calls with Stratton Lake staff, staff also that it has been challenging for residents to stay home more, however, residents were keeping busy. 

During this reporting period, the Internal Reviewer also made one in-person visit to Minnesota Life Bridge and conducted seven virtual interviews with seven residents (See Table 1).



²⁰ A number of Minnesota Life Bridge staff who work day shifts also work evening shifts.

²¹ Calls were made late at night and early in the morning in order to provide QADC Services an opportunity to talk with staff who worked on the night shift.

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Table 1: Internal Reviewer Visits to MLB and Modality

Date	Facility	Resident	Modality	Purpose
March 2, 2020	Donnelly	■	In-person	Clinical observation and support discussion with staff
May 26, 2020	Stratton Lake	■	Videoconferencing	Admission
May 26, 2020	Donnelly	■	Videoconferencing	Admission
May 29, 2020	Broberg's Lake	■	Telephone	Discuss activity levels
June 3, 2020	Donnelly	■	Telephone	Assess lethargy
June 16, 2020	Stratton Lake	■	Telephone	Follow-up
June 19, 2020	Broberg's Lake	■	Telephone	Follow-up
June 19, 2020	Broberg's Lake	■	Videoconferencing	Discuss activity levels

The Internal Reviewer interviewed ■■■■■ as part of the “Clinical Case Review” process, referenced in the Internal Review Monthly Reports. For more information about these review activities and the Internal Reviewer’s findings, refer to the “Clinical Case Review” section of the following Internal Reviewer Monthly Reports:²²

- ■■■ January 2020 Internal Reviewer Monthly Report (distributed to the Court on February 18, 2020, page 3); February 2020 Internal Reviewer Monthly Report (distributed to the Court on March 16, 2020, page 3); and March 2020 Internal Reviewer Monthly Report (distributed to the Court on April 15, 2020, page 4);
- ■■■ February 2020 Internal Reviewer Monthly Report (distributed to the Court on March 16, 2020, page 3); May 2020 Internal Reviewer Monthly Report (distributed to the Court on June 15, 2020, page 3); and June 2020 Internal Reviewer Monthly Report (distributed to the Court on July 15, 2020, page 3);
- ■■■ April 2020 Internal Reviewer Monthly Report (distributed to the Court on May 15, 2020, page 3); and June 2020 Internal Reviewer Monthly Report (distributed to the Court on July 15, 2020, page 3); and
- ■■■ January 2020 Internal Reviewer Monthly Report (distributed to the Court on February 18, 2020, page 3); and June 2020 Internal Reviewer Monthly Report (distributed to the Court on July 15, 2020, page 3).

²² Internal Reviewer Monthly Reports document the Internal Reviewer’s oversight and consultation regarding Minnesota Life Bridge operations and are submitted to the Court each month.

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The Internal Reviewer also met with [REDACTED] as part of their admissions to Minnesota Life Bridge. For more information about additional review activities and the Internal Reviewer's findings, refer to the "Admissions and Discharges" section of the following Internal Reviewer Monthly Reports:

- [REDACTED]: March 2020 Internal Reviewer Monthly Report (distributed to the Court on April 15, 2020, page 5-6); and
- [REDACTED] April 2020 Internal Reviewer Monthly Report (distributed to the Court on May 15, 2020, page 4-5).

Summary Assessment

The Department has met EC 2 by completing all Actions accompanying EC 2. The Department has provided specific data above and in previous reports documenting completion of Actions 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8 and 2.9 (See Doc. Nos. 328, 342, 531, 589, 614-1, 643, 676, 700, 710, 763, 814 and the Internal Reviewer Monthly Reports).

Evaluation Criteria 3

Facilities serve only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety."

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 3 has been met.

The EC 3 requirement that Minnesota Life Bridge treatment homes admit only "Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety" became Minnesota Life Bridge policy and practice in late 2013. During this reporting period, Minnesota Life Bridge used the following process to determine whether persons referred to Minnesota Life Bridge met the criteria in EC 3:

1. To determine whether a person meets the first admission criterion—being a person with a developmental disability—the Minnesota Life Bridge Transition Coordinator reviews professional assessments and/or court documents to determine if the person has been diagnosed with a developmental disability.
2. To determine whether a person meets the second admission criterion—exhibiting severe behaviors which present a risk to public safety—the Minnesota Life Bridge Transition Coordinator looks for documented history of the following behaviors:
 - Assault or aggression toward others;
 - Extreme property destruction creating a likelihood of harm to others;
 - Sexual aggression or behavior that targets others;
 - Theft of motor vehicles;
 - Fire setting; or
 - Other behavior(s) that presents a risk to the safety of others.

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Current Status

EC 39 has been met.

Consistent with EC 39, and without objection by the Court Monitor, Plaintiffs' Class Counsel or the Court Consultants, the Department designated Dr. Daniel Baker as the Internal Reviewer.²⁴ Dr. Baker has been in this role since December 1, 2015. Also consistent with EC 39, the Internal Reviewer's duties include a focus on monitoring the use and elimination of restraints at the Minnesota Life Bridge treatment homes.

Following each incident of emergency use of manual restraint (EUMR), 911 call, or use of *pro re nata* (PRN) medication²⁵ at the request of the client, Minnesota Life Bridge internal procedures require Minnesota Life Bridge clinical staff to prepare a set of recommendations for improved positive supports to reduce the risk of recurrence of the challenging behavior that led to the incident. The Internal Reviewer then verifies that these recommendations are consistent with best practices and likely to be effective. The Internal Reviewer provides feedback to pertinent staff through Minnesota Life Bridge's procedures as appropriate and monitors progress toward completing these recommendations.

The Internal Reviewer also reports monthly on Minnesota Life Bridge's efforts to respond to incidents in the Internal Reviewer Monthly Report. For a summary of the process by which the Internal Reviewer monitors the use and elimination of restraint, as well as the use of PRN medication at the request of the client and 911 calls at the Minnesota Life Bridge treatment homes, see the status update for EC 39 in the Department's February 2017 Semi-Annual Compliance Report (Doc. No. 614-1).

Through regularly scheduled weekly calls with Minnesota Life Bridge, the Internal Reviewer also provides ongoing guidance in the improvement of positive supports at the treatment homes and acts as a source of information and referral. In conjunction with person-centered planning and positive behavior supports, the Internal Reviewer promotes the use of the Biopsychosocial Model²⁶ as an

²⁴ The Internal Reviewer serves on international professional boards, and is currently the President of the Board of Directors of the National Association on Dual Diagnosis. The Internal Reviewer is on the National Advisory Council for START, a nationally recognized model for disability supports, and participates in the National Research Council for Mental Health in Intellectual Disability. Participation in these boards directly benefits the Department by offering access to emerging trends in best practices and collaboration with clinical leaders.

²⁵ *Pro re nata* is a Latin phrase meaning in the circumstances or as the circumstance arises. It is commonly used in medicine to mean as needed or as the situation arises.

²⁶ The Biopsychosocial Model is an interdisciplinary model of assessment and intervention which examines biological, psychological, and social factors in health, including mental and behavioral health that is consistent with "multi-modal assessment" referenced in EC 74. The Biopsychosocial Model approach is widely used within the field of social work and is endorsed by the National Association of Dual Diagnosis as a best practice in supporting mental wellness for persons with intellectual and developmental disabilities. The Internal Reviewer is the current President of the Board of Directors of the National Association of Dual Diagnosis, serving a second term in this leadership role.

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additional lens to understand the nature of the challenges experienced by residents of Minnesota Life Bridge, and uses wellness as an organizing principle for intervention and supports.

During this reporting period, the Internal Reviewer has provided additional guidance and technical assistance to Minnesota Life Bridge on wellness strategies during the COVID-19 social distancing restrictions. As described above, Minnesota Life Bridge is following social distancing guidelines from the Minnesota Department of Health and Centers for Disease Control, and similarly, has been subject to the Executive Orders since March 13, 2020, which have prohibited various aspects of community life. While the COVID-19 pandemic has disrupted Minnesota Life Bridge residents' lives, Minnesota Life Bridge has put significant effort into increasing virtual activities for residents, as well as employing creative solutions to ensure that residents have access to varied activities.

During this reporting period, the Internal Reviewer ensured that discussions of maintaining mental wellness for all residents during the imposition of social distancing requirements occurred during each weekly Minnesota Life Bridge call with the Internal Reviewer. During the discussions of mental wellness on the weekly calls, the Internal Reviewer and Minnesota Life Bridge staff brainstormed a list of activities and ideas to address wellness that were permissible under the applicable Executive Orders.²⁷ For example, some of the activities on the list included playing disc golf, doing virtual museum trips, how to engage in social distancing during trips to parks, making collections of things and purchasing a sprinkler for running around in the yard on hot days. The Internal Reviewer also provided guidance on how to provide a therapeutic environment for residents and how to help residents understand the pandemic and look forward to the future.

During this reporting period, the Internal Reviewer provided additional guidance to Minnesota Life Bridge staff about the following topics:

- 911 calls initiated by MLB residents
- Cooperative goal structures
- Functional behavioral assessment strategies
- Maintaining healthy activity patterns during the COVID-19-related social distancing
- Medication and program adherence
- Promoting emotionally healthy interactions²⁸
- Responding to emotional distress
- Responding to para-suicidality
- Self-harm through ingestion and insertion
- Sexually problematic behavior targeting staff
- Support during hospitalizations
- Understanding individuals who seek law enforcement and hospitalization
- Wellness activities for home

During this reporting period, Minnesota Life Bridge reported 42 incidents involving PRN at the request of the resident, a 911 call, or emergency use of manual restraint or a combination of two or more of these types of interventions. Minnesota Life Bridge is required to report incidents involving

²⁷ Minnesota Life Bridge efforts are consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) initiative to promote wellness <https://store.samhsa.gov/product/Creating-a-Healthier-Life-/SMA16-4958>

²⁸ The Internal Reviewer provided a training on promoting emotionally healthy interactions for an internal DHS audience with nine Minnesota Life Bridge employees attending.

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the use of such emergency behavioral interventions through completion and submission of the DHS 3654 Form. Table 2 below presents a summary of these incidents.

Table 2: Monthly Summary of DHS 3654 Forms Completed

Month	Location	PRN	911 Call	PRN & 911 Call	EUMR	EUMR & PRN	EUMR & 911 Call	EUMR & PRN & 911 Call
January 2020	Stratton Lake (3)		1		2			
	Broberg's Lake (0)							
	Donnelly (7)	3	2		2			
February 2020	Stratton Lake (2)		1		1			
	Broberg's Lake (1)		1					
	Donnelly (7)	2			3	2		
March 2020	Stratton Lake (2)	1	1					
	Broberg's Lake (1)				1			
	Donnelly (3)				3			
April 2020	Stratton Lake (3)	1	1		1			
	Broberg's Lake (0)							
	Donnelly (3)	1			2			
May 2020	Stratton Lake (2)		1		1			
	Broberg's Lake (2)		1				1	
	Donnelly (4)	1			3			
June 2020	Stratton Lake (0)							
	Broberg's Lake (2)		2					
	Donnelly (0)							
TOTALS (42)		9	11	0	19	2	1	0

The 42 incidents were a decrease from the previous reporting period when there were 46 incidents involving PRN at the request of the resident, a 911 call, Emergency Use of Manual Restraint (EUMR), or a combination of two or more of these types of interventions (Doc. No. 814 at EC 39). As described in EC 64, Minnesota Life Bridge policy prohibits the use of mechanical restraint. Consistent with this policy, Minnesota Life Bridge did not use any mechanical restraints during this reporting period.

During the current reporting period:

█ [REDACTED]

█ [REDACTED]

█ [REDACTED]

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Verification

The Internal Reviewer was personally involved in the activities reported for this EC. Additionally, as part of QADC Services' internal quality assurance and compliance verification processes, QADC Services tracks all emergency behavioral interventions for persons served at Minnesota Life Bridge reported in DHS 3654 forms and other incident notifications and reporting forms. For this reporting period, QADC Services compared Minnesota Life Bridge incidents it received notifications of against the incident database maintained by Minnesota Life Bridge and reviewed the contents of the reports for consistency, completeness, and issues that required follow-up. QADC Services also maintains copies of the Internal Reviewer Monthly Reports, which report the Internal Reviewer's activities regarding follow-up to incidents. QADC Services reconciled the data reported in this section with the DHS 3654 forms and other incident reports filed during the reporting period, the information in QADC Services' database and the Internal Reviewer Monthly Reports.

The Internal Reviewer monitors, on an ongoing basis, the timeliness and quality of Minnesota Life Bridge incident reviews. As needed, the Internal Reviewer provides technical assistance and reminders to Minnesota Life Bridge of the required timeline for completion of incident reviews. If any compliance issues are noted during the reviews, QADC Services follows up with Minnesota Life Bridge. No compliance issues were identified during this reporting period.

In the Independent Subject Matter External Expert Report (Document 775-1 at 7), Dr. Gary LaVigna reported that, in accordance with EC 39, "Dan Baker has been designated as the Internal Reviewer. With his Ph.D., NADD-CC and CCEP credentials, he [Dr. Baker] is also designated as the Positive Supports Compliance Specialist and Successful Life Project Clinical Supervisor and is responsible for Quality Assurance and Disability Compliance Services. Prior to Dr. Baker, Dr. Richard Amado filled this position."

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Summary Assessment

The Department has met EC 39 by designating one employee as the Internal Reviewer whose duties include a focus on monitoring the use of and elimination of restraints. The Court Monitor was consulted prior to the Internal Reviewer's appointment. The Department has provided specific data above and in previous reports documenting completion of EC 39 (See Doc. Nos. 299, 531, 589, 614-1, 643, 676, 700, 710, 763, 814 and Internal Reviewer Monthly Reports).

Evaluation Criteria 41

The Internal Reviewer will consult with staff present and directly involved with each restraint to address: 1) Why/how de-escalation strategies and less restrictive interventions failed to abate the threat of harm; 2) What additional behavioral support strategies may assist the individual; 3) Systemic and individual issues raised by the use of restraint; and 4) the Internal Reviewer will also review Olmstead or other issues arising from or related to, admissions, discharges and other separations from the facility.

Responsible Party: QADC Services Director

Current Status

EC 41 has been met.

EC 41 directs the Internal Reviewer to consult with staff involved with incidents of restraint at the Minnesota Life Bridge treatment homes to address why less restrictive interventions or de-escalation strategies failed, what additional behavioral support strategies may assist the person, and systemic or individual issues raised by the use of restraints. This consultation and review occurs through the process described in the status update for EC 39 in the February 2017 Semi-Annual Compliance Report (Doc. No. 614-1).

Following each incident of emergency use of manual restraint (EUMR), 911 call, or use of *pro re nata* (PRN) medication at the request of the client, Minnesota Life Bridge internal procedures require Minnesota Life Bridge clinical staff present or involved in the use of restraint, 911 call or use of PRN medication to prepare a set of recommendations for improved positive supports to reduce the risk of recurrence of the challenging behavior that led to the incident. During this reporting period, the Internal Reviewer verified that these recommendations in each incident were consistent with best practices and likely to be effective. The Internal Reviewer provided feedback to pertinent staff through Minnesota Life Bridge's procedures as appropriate and monitors progress toward completing these recommendations.

The Internal Reviewer also reports monthly on Minnesota Life Bridge's efforts to respond to incidents in the Internal Reviewer Monthly Report. For a summary of the process by which the Internal Reviewer monitors the use and elimination of restraint, as well as the use of PRN medication at the request of the client and 911 calls at the Minnesota Life Bridge treatment homes, see the status

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update for EC 39 in the Department's February 2017 Semi-Annual Compliance Report (Doc. No. 614-1).

During this reporting period, the Internal Reviewer continued to implement wellness as a coherent framework for clinical intervention and support within Minnesota Life Bridge. The Comprehensive Plan of Action enumerates a variety of intervention methodologies, including person-centered planning and positive behavior supports (EC 2), health care supports (EC 7), lifestyle and community inclusion (EC 1), instructional supports (EC 50), and integrated vocational options (EC 90). The Internal Reviewer assisted Minnesota Life Bridge in using wellness as an organizing principle for these various methodologies, considering wellness models such as Dr. JoAnn Cannon's evidence-based model³⁰ and the Federal Substance Abuse and Mental Health Services Administration's (SAMHSA) eight dimensions of wellness.³¹ During June 2020, the Internal Reviewer also provided a training on Karpman's Mental Health Triangle, an organizing framework for interaction strategies supporting mental wellness.³²

Through regularly scheduled weekly calls with Minnesota Life Bridge, the Internal Reviewer consulted with staff regarding restraint use, and provided ongoing guidance in the improvement of positive supports at the treatment homes and acted as a source of information and referral. If the weekly phone call did not occur, the Internal Reviewer spoke directly with the Minnesota Life Bridge Clinical Coordinator as needed to assure regular contact.

EC 41 also directs the Internal Reviewer to review Olmstead or other issues arising from or relating to admissions, discharges and other separations from the Facility. During this reporting period, the Internal Reviewer reviewed each Minnesota Life Bridge admission and discharge and included this review in the Internal Reviewer Monthly Report with a summary of the implications of that admission or discharge for Minnesota's Olmstead vision. The Internal Reviewer's review of admissions also includes an assessment of whether the person meets the criteria for admission to Minnesota Life Bridge set out in EC 3. For more information about these assessments, see the Verification section for EC 3.

During this reporting period, the Internal Reviewer also provided training for internal and external audiences, including providers, counties and health plans, on a variety of topics relevant to support of

³⁰ Cannon, J. (2005). *Embracing the Good*. Morris Publishing: Kearney, NE.

³¹ See: <https://store.samhsa.gov/product/Learn-the-Eight-Dimensions-of-Wellness-Poster-/SMA16-4953>.

³² Karpman MD, Stephen (1968). "Fairy tales and script drama analysis." *Transactional Analysis Bulletin*. 26 (7): 39-43; and Feil, N. (2002). *The Validation Breakthrough*. Baltimore, MD: Health Professions Press; and Murdoch, B.Ed., Edna. "The Karpman Drama Triangle." Coaching Supervision Academy. Archived from the original on June 11, 2015. Retrieved July 7, 2020 at <http://coachingsupervisionacademy.com/thought-leadership/the-karpman-drama-triangle/>

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Minnesota Life Bridge residents and *Jensen* Therapeutic Follow-up Group members.³³ The training sessions that the Internal Reviewer provided during the reporting period are summarized in Table 3 below.

Table 3: Trainings provided by the Internal Reviewer³⁴

Date	Topic	Audience
1/10/2020	Positive supports	External providers
1/21/2020	Standardizing clinical practice	External clinicians
1/31/2020	Improving teamwork	Internal: DHS General Counsel Office
2/7/2020	Positive supports	External providers
2/21/2020	Positive supports	External providers
3/6/2020	Positive supports	External providers
3/20/2020	Positive supports	External providers
3/26/2020	Person-centered thinking and positive supports: The Arc Minnesota podcast (Episode 13) ³⁵	Internal, external and providers
4/3/2020	Positive supports	External providers
4/14/2020	Positive supports	Internal: AMRTC
4/16/2020	Positive supports	External providers
4/17/2020	Positive supports	External providers
5/12/2020	Positive supports	Internal: AMRTC
5/19/2020	Incident reviews	Internal: MLB
5/20/2020	Incident reviews	Internal: MLB
5/22/2020	Incident reviews	Internal: MLB
6/5/2020	Functional behavior assessment	Internal: Community Support Services
6/9/2020	Positive supports	Internal: AMRTC
6/11/2020	Positive supports	External providers
6/26/2020	Transition success factors	Internal: Community Based Services
6/30/2020	Positive supports	Internal: Community Based Services

³³ The Therapeutic Follow-up Group includes *Jensen* Class Members (persons discharged from Minnesota Extended Treatment Options from May 1, 2011 to June 20, 2011) and additionally, persons who received treatment at MSHS-Cambridge between July 1, 2011 and August 20, 2014.

³⁴ EC 41 does not require any particular number of trainings or attendees, or evaluations of trainings.

³⁵ The Arc Minnesota Focus on the Future is a podcast for caregivers and families supporting people with disabilities. Podcast recording are available on the Arc of Minnesota website at <https://arcminnesota.org/podcast/>.

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The Internal Reviewer also actively participated in the following Department work groups and committees during this reporting period:

- Direct Care Workforce Shortage Committee
- DHS Disability Services Division/Direct Care and Treatment Positive Behavior Support Project Core/Steering Team
- External Program Review Committee
- Functional Behavior Analysis Practitioner Qualifications
- Minnesota Association of Positive Behavior Support
- Positive Behavior Support Leadership Group³⁶
- Positive Behavior Support Training Curriculum Development Subcommittee
- Quality Assurance Leadership Team
- Root Cause Analysis Team, addressing the Continuum of Care for Individuals Committed as Mentally Ill & Dangerous/Provisional Discharge Status

Through these training and committee activities, the Internal Reviewer seeks to increase relevant clinical expertise in the community and foster positive relationships with the services and providers that provide support to Minnesotans with developmental disabilities—including *Jensen* class members, Therapeutic Follow-up Group members and current or former Minnesota Life Bridge residents.

Verification

The Internal Reviewer was personally involved in the activities reported for this EC. See also the Verification section for EC 39.

Summary Assessment

The Department has met EC 41 by completing all Actions accompanying EC 41. The Department has provided specific data above and in previous reports documenting completion of Actions 41.1 (See Doc. Nos. 342, 531, 589, 614-1, 643, 676, 700, 710, 763, 814 and the Internal Reviewer Monthly Reports).

Evaluation Criteria 47

The State undertakes best efforts to ensure that each resident is served in the most integrated setting appropriate to meet such person's individualized needs, including home or community settings. Each individual currently living at the Facility, and all individuals admitted, will be assisted to move towards more integrated community settings. These settings are highly individualized and maximize the opportunity for social and physical integration, given each person's legal standing. In every situation,

³⁶The Positive Behavior Support Leadership Group includes members from the Department as well as external members such as the University of Minnesota, Minnesota State Mankato, Minnesota Department of Education, Minnesota Department of Corrections and private providers.

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opportunities to move to a living situation with more freedom, and which is more typical, will be pursued.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 47 has been met.

EC 47 relates to whether the Department has engaged in best efforts to ensure that residents of the Minnesota Life Bridge treatment homes are served in the most integrated setting appropriate to meet their individual needs and that each resident is assisted to move toward more integrated and individualized community settings.

Minnesota Life Bridge serves residents in community-based treatment homes. As described in more detail in this report under EC 2 and EC 50, each treatment home resident receives person-centered supports in these community-based settings while they plan, with the assistance of their support teams and Minnesota Life Bridge, for transition to the most integrated setting appropriate to their needs and legal status. Minnesota Life Bridge begins the person-centered and transition planning processes upon admission to the treatment homes and these processes continue throughout the person's stay at these sites. The person-centered and transition planning processes not only guide the provision of supports while the person is at Minnesota Life Bridge, but also inform Minnesota Life Bridge's efforts to assist the person in moving toward more integrated community settings. More detailed information about the person-centered and transition-planning processes at Minnesota Life Bridge and Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents to the most integrated setting that is consistent with the person's needs and preferences are provided in the status updates in this report for EC 2 and ECs 48-53.

Verification

Refer to the Verification sections for EC 2 and ECs 48-53.

Summary Assessment

The Department has demonstrated best efforts³⁷ in its implementation of EC 47. Further, the Department has met EC 47 by completing all Actions accompanying EC 47. The Department has provided specific data above and in previous reports documenting completion of Action 47.2^{38, 39} (See Doc. Nos. 342, 531, 572, 589, 614-1, 643, 676, 700, 710,763 and 814).

³⁷ See Doc. No. 707 at 9.

³⁸ The CPA does not contain an Action 47.1.

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Evaluation Criteria 48

The State actively pursues the appropriate discharge of residents and provided them with adequate and appropriate transition plans, protections, supports, and services consistent with such person's individualized needs, in the most integrated setting and to which the individual does not object.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 48 has been met.

EC 48 relates to the Department's active pursuit of appropriate discharge for residents of the Minnesota Life Bridge treatment homes, in accordance with the *Olmstead* decision. The process of transition planning starts upon admission and is central to the pursuit of appropriate discharge, informing the steps taken to identify and explore potential providers, homes and communities, as well as to determine the services, supports, and protections necessary to facilitate a successful transition. In other words, transition planning is critical to defining what an appropriate discharge, in accordance with the *Olmstead* decision, looks like for each person and to ensuring that the needs and preferences of the person are at the center of the discharge process. For a more detailed description of the transition planning process at Minnesota Life Bridge see the status update for EC 48 in the February 2017 Semi-Annual Compliance Report (Doc. No. 614-1).

During this reporting period, eight of the eight persons served for at least thirty consecutive days at Minnesota Life Bridge treatment homes had transition plans that staff updated on a monthly basis. For additional information, see EC 2 and EC 50. During this reporting period, social distancing guidelines from the Minnesota Department of Health and the Centers for Disease Control, as well as Executive Orders limiting business activity, impacted the movement of individuals currently living at Minnesota Life Bridge. Specifically, previously identified future residential providers postponed the development of residential sites due to the pandemic.

During this reporting period, Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents resulted in the transition of one person [REDACTED] in February 2020, to a community-based home. Minnesota Life Bridge facilitated the discharge of [REDACTED] through adequate and appropriate transition plans, protections, supports and services consistent with their individualized needs in accordance with EC 48.

[REDACTED]

[REDACTED]

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2018, for a total stay of 628 days. A lack of available staffing for the corporate foster care provider delayed the transition process.

M4's current Transition Summary and Plan document includes a significant amount of information that is directly relevant to supporting M4's interests, such as cooking, structural support needs, guiding interactions and remaining law-abiding. M4's Transition Summary and Plan balances what is important to M4 with what is important for M4. The importance of employment is also highlighted in M4's Transition Summary and Plan.

The Transition Summary and Plan describes how Minnesota Life Bridge has shared these strategies with staff at M4's new home, and the role of the Minnesota Life Bridge Behavior Analyst was noted as instrumental. For additional information on M4's discharge, see the February 2020 Internal Reviewer Monthly Report (distributed to the Court on March 16, 2020, page 4).

Efforts and progress toward discharge for other treatment home residents

For the other seven residents [REDACTED] served at Minnesota Life Bridge treatment homes during this reporting period, Minnesota Life Bridge actively worked with each person and their team to pursue appropriate discharge through the transition planning process. As of the end of this reporting period, three residents [REDACTED] have future providers identified. Minnesota Life Bridge staff are working with these residents and their teams to develop their transition plans further.

The following is a summary of the progress toward appropriate discharge for the seven residents not discharged from Minnesota Life Bridge as of the end of this reporting period:

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Length of Time to Discharge

In previous reports, the Department has addressed the length of time to discharge for Minnesota Life Bridge treatment home residents. The intent of these discussions was to illustrate the Department's active pursuit of appropriate discharge notwithstanding challenges posed by residents' backgrounds (*e.g.*, criminal history), factors impacting stabilization (*e.g.*, need for medication adjustment or management), the availability of community providers able or willing to serve individuals with challenging behaviors, or the time required to develop a new site when an existing setting would not serve the individual's needs.

While Minnesota Life Bridge is intended to be a temporary provider, no provision of the JSA or CPA sets a timeframe within which a treatment home resident must be discharged. (See generally, Doc.

[REDACTED]

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Nos. 136-1, 283.) To the contrary, the CPA and the *Olmstead* decision require pursuit of appropriate discharge—a standard that focuses on discharging an individual when the individual’s clinical and other circumstances support transition and the individual’s needs can be met in a more integrated setting. (See Doc. No. 283 at 15.)

Verification

The Responsible Party verified information submitted to QADC Services by reviewing person-centered planning and transition planning documentation, progress reports, minutes of monthly team meetings for residents and 45-day post-discharge reviews for people transitioned out of Minnesota Life Bridge.

QADC Services reviewed the supporting documentation submitted by the Responsible Party to verify the information reported, including:

- The existence of a Transition Summary and Plan for each Minnesota Life Bridge treatment home resident;
- The timeliness of the Transition Summary and Plans;
- The number and timing of discharges;
- The circumstances surrounding discharges (see the Verification sections for EC 48 - 53); and
- The summaries of progress toward discharge for all other residents (see the Verification sections for EC 2 and EC 48 - 53).

Additionally, the Internal Reviewer reviewed the discharge from Minnesota Life Bridge and reported on this review in the Internal Reviewer Monthly Reports. During this reporting period, the Internal Reviewer evaluated the transition plans for █████ in the February 2020 Internal Reviewer Monthly Report (distributed to the Court on March 16, 2020, page 4).

For information related to discharge planning obtained from on-site visits to Minnesota Life Bridge treatment homes, refer to the Verification section for EC 2.⁴⁴

Follow-up Regarding Discharges

To further verify that Minnesota Life Bridge pursued the appropriate discharge of residents through transition planning for the person who transitioned from a Minnesota Life Bridge treatment home to a community home, QADC Services followed up with the Minnesota Life Bridge facility supervisor, the case manager, the guardian and/or family members and the new residential provider for the person, as well as CSS.

QADC Services utilized a standardized interview protocol which asked: (1) as part of the transition planning process, was the Minnesota Life Bridge Transition Plan developed for the person useful?; (2) has the transition plan been used in the creation of supports in the person’s new home?; and

⁴⁴ As described in EC 2, the Internal Reviewer generally discusses impending transitions with residents during on-site visits.

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(3) are things identified as “important to” the person in the transition summary reflected in what is being delivered to the person?

For the one person [REDACTED] who transitioned during this reporting period to a community-based home from Minnesota Life Bridge, QADC Services received responses from a Minnesota Life Bridge site supervisor as well as the staff who developed the person’s Functional Behavior Assessment, the CSS staff, county case manager and the parent/ guardian. Overall, comments regarding the Minnesota Life Bridge transition planning process were positive.

[REDACTED]

[REDACTED]

Summary Assessment

The Department has demonstrated best efforts⁴⁵ in its implementation of EC 48. Further, the Department has met EC 48 by completing all Actions accompanying EC 48. The Department has provided specific data above and in previous reports documenting completion of Actions 48.1 and 48.2 (See Doc. Nos. 328, 342, 440, 531, 572, 589, 614-1, 643, 676, 700, 710, 763, 814 and Internal Reviewer Monthly Reports).

⁴⁵ See Doc. No. 707 at 9.

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Evaluation Criteria 49

Each resident, the resident's legal representative and/or family to the extent permitted by law, has been permitted to be involved in the team evaluation, decision making, and planning process to the greatest extent practicable, using whatever communication method he or she (or they) prefer.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 49 has been met.

EC 49 applies to the Minnesota Life Bridge treatment homes and relates to the involvement of the resident and the resident's legal representative and/or family in the person-centered and transition planning processes. Consistent with Actions 49.1 and 49.2, eight of the eight persons served at Minnesota Life Bridge treatment homes during this reporting period had Person Centered Description – Picture of a Life and Action Planning and Transition Summary Plans that Minnesota Life Bridge developed through the participation of the person with the assistance of the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator and the person's support team.

Consistent with Action 49.1, Minnesota Life Bridge encourages and facilitates the involvement not only of the person, but also of the person's legal representative and/or family (as permitted by law and desired by the person) in the planning and decision-making process. Minnesota Life Bridge does this through invitations sent either by email or mail or when setting up the next monthly meeting when concluding a meeting. During this reporting period seven [REDACTED] of the eight residents supported by Minnesota Life Bridge had involvement by the person's legal representative and/or family in the planning and decision-making process.

[REDACTED]

During this reporting period, Minnesota Life Bridge continued to extend planning meeting invitations to all interested parties as desired by each resident and accommodated participation by scheduling meetings around the schedules of family members and guardians. Generally, Minnesota Life Bridge encourages family and team participation in individual meetings by meeting closer to team member hometowns, and encourages the use of the telephone conference call if members cannot attend in person. Minnesota Life Bridge changes scheduled times and will work with team requests to be as flexible as possible. Minnesota Life Bridge has also used videoconferencing for county team members and family members of the residents. During this reporting period, due to COVID-19 closures and restrictions, family and team member participation including Minnesota Life Bridge staff not assigned

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to the site as permanent staff occurred mostly by videoconferencing or telephone instead of in-person meetings.

The following are specific examples of how Minnesota Life Bridge facilitated participation of family members and/or guardians of Minnesota Life Bridge residents during this reporting period:

- **Participating in meetings via telephone:** Minnesota Life Bridge includes a conference number in meeting invitations to allow family members to participate remotely by telephone. This option is especially helpful to family and team members who live in greater Minnesota. Minnesota Life Bridge's sites also have an external speaker to allow better participation when conducting conference calls. [REDACTED]
- **Participating in meetings via videoconferencing:** [REDACTED] The Donnelly home frequently uses videoconferencing, and the Stratton Lake and Broberg's Lake homes are exploring how to improve their use of videoconferencing.
- **Arranging locations closer to family/team:** [REDACTED] Since the imposition of COVID-19 restrictions and closures of places like libraries, Minnesota Life Bridge teams have been using phone and videoconferencing to ensure the participation of family and team members in residents' planning.
- **Scheduling meeting times that are more convenient for family members:** Minnesota Life Bridge schedules meetings at times that are more convenient for family members that work and takes into account schedules of family members. When possible, Minnesota Life Bridge will coordinate meetings with a planned visit. The schedules of all team members are taken into account when scheduling meetings to allow for maximum participation.

Verification

The Responsible Party verified information submitted to QADC Services regarding EC 49 by reviewing the Monthly Progress Review Meeting minutes for residents of the Minnesota Life Bridge treatment homes.

QADC Services compared the information submitted by the Responsible Party with resident meeting notes and verified consistency between the information reported and the supporting documentation.

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Summary Assessment

The Department has demonstrated best efforts⁴⁶ in its implementation of EC 49. Further, the Department has met EC 49 by completing all Actions accompanying EC 49. The Department has provided specific data above and in previous reports documenting completion of Actions 49.1 and 49.2 (See Doc. Nos. 299, 531, 572, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 50

To foster each resident's self-determination and independence, the State uses person-centered planning principles at each stage of the process to facilitate the identification of the resident's specific interests, goals, likes and dislikes, abilities and strengths, as well as support needs.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 50 has been met.

EC 50 requires the Department to use person-centered planning principles at each stage of the transition planning process for residents of Minnesota Life Bridge treatment homes, which Minnesota Life Bridge fully implements. As explained in more detail in the status updates for EC 2 in this report and in the February 2017 Semi-Annual Compliance Report (Doc. No. 614-1), August 2017 Semi-Annual Compliance Report (Doc. No. 643), February 2018 Semi-Annual Compliance Report (Doc. No. 676), August 2018 Semi-Annual Compliance Report (Doc. No. 700), March 2019 Summary Report (Doc. No. 710), August 2019 Semi-Annual Report (Doc. No. 763) and February 2020 Semi-Annual Report (Doc. No. 814), this process begins with the development of a Person Centered Description – Picture of a Life and Action Planning. Each Person Centered Description is as individual as the person is and various person-centered tools are available and used by the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator. Tools used are professionally accepted and selected based on their relative strengths given the unique needs of each individual include:

- Person Centered Description – Picture of a Life and Action Planning;
- PATH (Planning Alternative Tomorrow with Hope); and
- MAPS (Making Action Plans).

During this reporting period:

- Eight of the eight persons served at Minnesota Life Bridge treatment homes engaged with the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator to contribute to their Person Centered Description – Picture of a Life and Action Planning;

⁴⁶ See Doc. No. 707 at 9.

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- Eight of the eight persons served at Minnesota Life Bridge treatment homes had a Person Centered Description developed through participation in Person Centered Description – Picture of a Life and Action Planning, PATH or MAPS; and
- Eight of the eight persons served for at least thirty consecutive days at a Minnesota Life Bridge treatment home during this reporting period had their Person Centered Description – Picture of a Life and Action Planning and Transition Summary and Plan updated on a monthly basis after the initial team meeting.

The Minnesota Life Bridge Person-Centered Thinking/Training Facilitator’s annual training plan includes professional development activities hours over the minimum requirement of 25 hours annually, consistent with Action 50.5. Due to the restrictions of COVID-19, a number of conferences and national PCT Gatherings, including Minnesota’s PCT Gathering, that were included on the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator’s annual training plan for this reporting period were cancelled. See Table 4 below for a listing of professional development activities that the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator has participated in during this reporting period. Due to the restrictions of COVID-19, all professional development activities completed this reporting period, with the exception of self-studies, were conducted remotely.

Table 4: Minnesota Life Bridge Person-Centered Thinking/Training Facilitator – January 1 – June 30, 2020 Professional Development Activities Completed⁴⁷

Professional Development Activity	Trainer (s)	Date (s)	Hours
1:1 Mentorship	Becky Gadbois	3/31/2020	1
PCT Community of Practice⁴⁸	Clair Benway	4/13/2020	2
PC Learning Circles⁴⁹	Bob Ott	5/7/2020	2
PCT Community of Practice	Clair Benway	5/11/2020	2
Self-Study Reading - Motivational Interviewing: Helping People Change Third Edition	William Miller and Stephen Rollnick	5/15/2020	1
Motivational Interviewing Community of Practice	Review Ch 1 & 2/discussion	5/21/2020	1
1:1 Mentorship	Becky Gadbois	5/27/2020	1
PCT Community of Practice	Clair Benway	6/8/2020	2

⁴⁷ Due to social distancing restrictions during the COVID-19 pandemic, a number of professional development activities such as the PCT Coaches & Leaders MLB Group were canceled during this reporting period.

⁴⁸ PCT Community of Practice holds monthly meetings with other person-centered planners. The meetings include a discussion of barriers and ideas in effective plan facilitation.

⁴⁹ PC Learning Circles provides a setting for sharing of person-centered ideas, tools and working with the Interdisciplinary Team.

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Professional Development Activity	Trainer (s)	Date (s)	Hours
Self-Study Reading - PCP - One Page Description for an Emergency hospitalization Webinar	Rick Amado	6/8/2020	1
NADD Webinar - Mental Health: Understanding Dual Diagnosis Basics	Melissa Cheplic, MPH	6/17/2020	1
Motivational Interviewing Community of Practice	Review Ch 3 & 4/discussion	6/18/2020	1
Collaborative Safety Training ⁵⁰	Kelly Knutson, Collaborative Safety LLC.	6/19/2020	3
		Total Hours	18

During this reporting period, the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator also provided 38 hours of Person-Centered Thinking (PCT) training to Minnesota Life Bridge staff. (See Table 5 below.)

Table 5: Minnesota Life Bridge Person-Centered Thinking/Training Facilitator PCT Trainings Delivered January 1 – June 30, 2020 ⁵¹

Training Conducted	Date	Audience	Hours
Person Centered Thinking – Day 1	3/4/2020	MLB Staff	8
Person Centered Thinking – Day 2	3/5/2020	MLB Staff	8
Person Centered Thinking – Choice	4/15/2020	MLB Staff	6
Post Crisis	4/27/2020	MLB Staff	4
Person Centered Thinking – Principle Elements	6/10/2020	MLB Staff	6
Person Centered Thinking – Principle Elements	6/24/2020	MLB Staff	6
		Total Hours	38

Verification

The Responsible Party verified the information submitted to QADC Services for EC 50 through review of Minnesota Life Bridge treatment home residents' Person Centered Description – Picture of a Life and Action Planning and Transition Plans. The Responsible Party also verified the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator's qualifications and professional development activities through documentation, including the Facilitator's training transcript, resume and certification of training in person-centered planning.

⁵⁰ The Collaborative Safety model works to end a culture of blame and focuses on three areas: A culture of accountability; a systemic method of learning; and addressing underlying systemic issues. As part of person-centered thinking, staff can use this model when having discussions with co-workers regarding what worked or didn't work (accountability) when working with each other and with persons receiving services.

⁵¹ EC 50 does not require any particular number of trainings or attendees, or evaluations of trainings.

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QADC Services reviewed the supporting documentation submitted by the Responsible Party to verify the Minnesota Life Bridge Person Centered Thinking/Training Facilitator's qualifications and ongoing professional development activities. This included the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator's training transcript. The Internal Reviewer and QADC Services also reviewed the Minnesota Life Bridge Person-Centered Thinking/Training Facilitator's training plan to ensure that, consistent with Action 50.5, the plan includes a minimum of 25 hours per year of educational activities - formal and informal - focused on person-centered planning.

See the Verification section for EC 2 for additional detail about QADC Services' verification efforts related to person-centered planning at Minnesota Life Bridge treatment homes and the Verification section for EC 48 for additional detail about QADC Services' verification efforts related to transition planning at Minnesota Life Bridge treatment homes.

Summary Assessment

The Department has demonstrated best efforts⁵² in its implementation of EC 50. Further, the Department has met EC 50 by completing all Actions accompanying EC 50. The Department has provided specific data above and in previous reports documenting completion of Actions 50.1, 50.2, 50.3, 50.4, 50.5, 50.6, 50.7 and 50.8 (See Doc. Nos. 342, 440, 531, 572, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 51

Each resident has been given the opportunity to express a choice regarding preferred activities that contribute to a quality life.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 51 has been met.

EC 51 requires that Minnesota Life Bridge treatment homes provide each resident with the opportunity to express choice regarding preferred activities that contribute to a quality life. Minnesota Life Bridge staff ensure that each treatment home resident has the opportunity to plan and fill their day with preferred activities that are important to and for them through a process that is highly individualized. Staff engage with each resident on a regular basis—typically daily—to discuss their choices and plans for activities. Minnesota Life Bridge frequently modifies these activity plans based on the preference of the individual. Minnesota Life Bridge staff also try to accommodate activities that residents spontaneously choose, wherever logistically possible.

⁵² See Doc. No. 707 at 9.

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The information in Minnesota Life Bridge Residents' Person Centered Description – Picture of a Life and Action Planning, in combination with staff's daily experience and conversation with residents, informs how staff provide support to residents in selecting and planning their preferred activities. Staff offer suggestions for activities based on a resident's expressed preferences and goals and look for ways for residents to expand their horizons with community activities.

Minnesota Life Bridge staff use individual Monthly Activity Data Sheets to track activities that staff discuss with each person and in which the person chooses to participate. The Minnesota Life Bridge Manager and Community Residential Supervisors review the data sheets and compare these to residents' Person Centered Description – Picture of a Life and Action Planning to ensure that activities are individualized and consistent with residents' expressed preferences. Activities patterns are also considered in responses to challenging behavior, which are inspected by the Internal Reviewer and detailed in Monthly Reports.

As described above, Minnesota Life Bridge is following social distancing guidelines from the Minnesota Department of Health and Centers for Disease Control, and similarly, has been subject to the Executive Orders since March 13, 2020, which have prohibited various aspects of community life. While the COVID-19 pandemic has disrupted Minnesota Life Bridge residents' lives, Minnesota Life Bridge has put significant effort into increasing virtual activities for residents, as well as employing creative solutions to ensure that residents have access to varied activities.

As discussed in EC 39, the Internal Reviewer conducted discussions of maintaining mental wellness for all residents during the imposition of social distancing requirements in accordance with the Governor's Executive Orders during each weekly Minnesota Life Bridge call. During the discussions of mental wellness on the weekly calls, the Internal Reviewer and Minnesota Life Bridge staff brainstormed a list of activities and ideas to address wellness that were permissible under the applicable Executive Orders.⁵³ For example, some of the activities on the list included playing disc golf, doing virtual museum trips, how to engage in social distancing during trips to parks, making collections of things and purchasing a sprinkler for running around in the yard on hot days. Staff encouraged all Minnesota Life Bridge residents to take walks and bicycle rides outside, and enjoy nature by walking and fishing. Minnesota Life Bridge Broberg's Lake had frequent basketball tournaments using their basketball hoop. Minnesota Life Bridge sites went on scenic drives and visited drive-through restaurants. Minnesota Life Bridge residents participated in neighborhood clean-up events and collected cans to recycle.

Minnesota Life Bridge residents took advantage of online activities as well. All Minnesota Life Bridge residents except for [REDACTED] owned either smart phones or tablets at the beginning of the Stay at Home order and used them to stay in touch with family and friends. [REDACTED]

⁵³ Minnesota Life Bridge efforts are consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) initiative to promote wellness <https://store.samhsa.gov/product/Creating-a-Healthier-Life-/SMA16-4958>.

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[REDACTED] Minnesota Life Bridge confirmed that all residents were able to communicate with family members.

In May and June 2020, in accordance with Governor Walz's Executive Order 20-56, Minnesota Life Bridge residents began limited social and vocational activities consistent with CDC guidance, including visiting with friends, applying for jobs in-person and seeing family at dog parks. Minnesota Life Bridge maintained a focus on ensuring social distancing, wearing masks and visiting outside to ensure residents' safety during all activities.

The following are examples of how Minnesota Life Bridge provided residents with daily opportunities to express a choice regarding preferred activities during this reporting period. Minnesota Life Bridge provided these examples in response to QADC Services' request for information regarding preferred activities of clients from across the three treatment homes, for a randomly selected week each month during the reporting period. During this reporting period, seven of the eight Minnesota Life Bridge residents were included in minimally one random sample.⁵⁴ As an example, for the week of: April 12-18, 2020:

Broberg's Lake - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Donnelly - [REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Stratton Lake -

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

Vocational/Employment Activities

During this reporting period, Minnesota Life Bridge's Skills Development Specialist (SDS) engaged Minnesota Life Bridge residents in activities related to integrated vocational options, including informational interviews, job shadow opportunities, job trials, job-seeking activities, intake with Vocational Rehabilitation Services and competitive integrated employment. These activities offer the range of career development activities, including career awareness (teaching about job options), career exploration (trying different job options), and career education (specific job skill instruction).

During this reporting period, eight of the eight residents served by Minnesota Life Bridge were involved in activities related to integrated vocational options:⁵⁶

- Four residents [REDACTED] are actively seeking competitive integrated employment.
- One resident [REDACTED] was actively seeking competitive integrated employment until [REDACTED] was discharged in February 2020.
- Three residents [REDACTED] are actively preparing for competitive integrated employment.

Additional Information regarding their participation follows:

[REDACTED]

[REDACTED]

⁵⁶Individual residents may appear in multiple categories below over the course of the reporting period.

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

In the August 2019 Semi-Annual Compliance Report (Doc. No. 763 at EC 51), the Department reported that in April 2019, the Donnelly Clinical Program Therapist 3 started a new group meeting (SWAG⁵⁹) for all Minnesota Life Bridge residents to get together, learn new ideas or hobbies and to socialize. During this reporting period, SWAG held two events in which Minnesota Life Bridge residents participated. These events included a discussion on volunteer opportunities that three Minnesota Life Bridge residents participated and an event at the Savana Sanchez Community Art Center that one resident attended. Due to COVID-19 restrictions, the last SWAG event was on March 11, 2020. At the end of this reporting period, Minnesota Life Bridge has begun looking into how they can continue to offer SWAG events remotely.

Verification

The Responsible Party verified information submitted to QADC Services by reviewing residents' Person-Centered Descriptions, minutes of monthly team meetings, daily or weekly resident schedules and resident progress reports. The Responsible Party also spoke with Minnesota Life Bridge lead staff and site supervisors regarding the process by which treatment home residents make choices and engage in planning regarding preferred activities.

QADC Services four onsite visits and eight virtual visits to Minnesota Life Bridge homes provided verification that Minnesota Life Bridge provides residents the opportunity to express choice regarding preferred activities that contribute to quality of life. During visits, QADC Services' discuss with staff resident preferences and activities, as informed by each resident's Person Centered Description – Picture of a Life and Action Planning. Refer to the Verification section for EC 2 for additional information on QADC Services site visits.

⁵⁹ SWAG stands for Social Wellness Advancement Group.

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QADC Services also requests that Minnesota Life Bridge submit descriptions of resident activities for randomly selected residents during a randomly selected week each month during the reporting period. During this reporting period, seven of the eight Minnesota Life Bridge residents were included in at least one random sample.⁶⁰

During this reporting period, the Internal Reviewer also made one in-person visit to Minnesota Life Bridge and conducted seven virtual interviews with seven residents (See Table 1 in EC 2). With the exception of one instance, the Internal Reviewer was able to observe that each of the residents' supports and daily activities were consistent with and guided by their preferences and the balance of what is important "to a person" and what is important "for a person."⁶¹ The Internal Reviewer interviewed [REDACTED] as part of the "Clinical Case Review" process referenced in the Internal Reviewer Monthly Reports. For more information about these review activities and the Internal Reviewer's findings, refer to the "Clinical Case Review" section of the following Internal Reviewer Monthly Reports:⁶²

- [REDACTED] January 2020 Internal Reviewer Monthly Report (distributed to the Court on February 18, 2020, page 3); February 2020 Internal Reviewer Monthly Report (distributed to the Court on March 16, 2020, page 3); and March 2020 Internal Reviewer Monthly Report (distributed to the Court on April 15, 2020, page 4);
- [REDACTED] February 2020 Internal Reviewer Monthly Report (distributed to the Court on March 16, 2020, page 3); May 2020 Internal Reviewer Monthly Report (distributed to the Court on June 15, 2020, page 3); and June 2020 Internal Reviewer Monthly Report (distributed to the Court on July 15, 2020, page 3);
- [REDACTED] April 2020 Internal Reviewer Monthly Report (distributed to the Court on May 15, 2020, page 3); and June 2020 Internal Reviewer Monthly Report (distributed to the Court on July 15, 2020, page 3); and
- [REDACTED] January 2020 Internal Reviewer Monthly Report (distributed to the Court on February 18, 2020, page 3); and June 2020 Internal Reviewer Monthly Report (distributed to the Court on July 15, 2020, page 3).

Summary Assessment

The Department has demonstrated best efforts⁶³ in its implementation of EC 51. Further, the Department has met EC 51 by completing all Actions accompanying EC 51. The Department has provided specific data above and in previous reports documenting completion of Actions 51.1 and

[REDACTED]

[REDACTED]

⁶² Internal Reviewer Monthly Reports document the Internal Reviewer's oversight and consultation regarding Minnesota Life Bridge operations and are submitted to the Court each month.

⁶³ See Doc. No. 707 at 9.

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51.2 (See Doc. Nos. 328, 531, 572, 589, 614-1, 643, 676, 700, 710, 763, 814 and the Internal Reviewer Monthly Reports).

Evaluation Criteria 52

It is the State's goal that all residents be served in integrated community settings and services with adequate protections, supports and other necessary resources which are identified as available by service coordination. If an existing setting or service is not identified or available, - best efforts will be utilized to create the appropriate setting or service using an individualized service design process.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 52 has been met.

EC 52 sets out the goal that all residents of Minnesota Life Bridge treatment homes “be served in integrated community settings and services with adequate protections, supports, and other necessary resources” and that “best efforts will be utilized to create the appropriate setting or service” through an individualized process if an existing setting or service is not identified or available. (Doc. No. 283 at 17.) This goal and the Department’s best efforts to create the appropriate setting or service are evident in Minnesota Life Bridge’s person-centered approach to transition planning that accounts for the individual’s needs and preferences as well as collaboration with existing providers to create settings or services where necessary. Minnesota Life Bridge efforts help residents:

- Identify a future living situation that meets their needs and preferences;
- Identify, through a continuous transition planning process, how the person’s needs and preferences will be met by the services and setting where the person will be transitioning; and
- Identify supports provided during transition.

As explained in previous sections (e.g., status updates for EC 2, EC 50), Minnesota Life Bridge uses person-centered planning principles throughout the transition planning process to identify what is important to and for the person.

The information from the Person Centered Description – Picture of a Life and Action Planning directly informs residents’ Transition Plans, which highlight what is important to and for the person and explain how the future setting or service, as well as the supports provided during transition, can meet the person’s identified needs and preferences. The elements addressed by the Transition Plan include, but are not limited to: location; elements that contribute to a good day for the person; recreation; family, friends and relationships; characteristics of housemates; characteristics of people who support the person best; behavioral supports; medical and dietary supports and transition/continuum of support needs.

With respect to the last of these categories, the Transition Plan format requires that each of the considerations listed in Action 52.5 be addressed. As previously explained, an initial draft of the

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Transition Plan is to be created within 30 days of admission to a Minnesota Life Bridge treatment home. The Transition Plan is further developed and finalized after the team agrees on a new living situation. Minnesota Life Bridge ensures best efforts are made to work with providers to create a setting for each person with adequate protections, supports and other necessary resources, which are identified in the Transition Summary and Plan. Additionally, Minnesota Life Bridge, Successful Life Project and CSS are available to provide support and technical assistance after the person is discharged from Minnesota Life Bridge.

During this reporting period, Minnesota Life Bridge's efforts to pursue the appropriate discharge of residents resulted in the transition of one person [REDACTED] to a community-based home:

[REDACTED]

Three of the seven Minnesota Life Bridge residents served during this reporting period who have not yet transitioned out of Minnesota Life Bridge have a provider identified. [REDACTED] have future providers identified and Minnesota Life Bridge staff are working with residents and their teams to develop their transition plans further.

[REDACTED]

[REDACTED]

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For additional information about how Minnesota Life Bridge assisted treatment home residents with identifying future living situations that meet their preferences in the most integrated setting possible and planning for transition to these situations, see the status update for EC 48.

Verification

The Responsible Party verified information submitted to QADC Services for EC 52 by reviewing treatment home residents' Transition Plans and Person Centered Description – Picture of a Life and Action Planning. QADC Services verified the information submitted by the Responsible Party by reviewing treatment home residents' Transition Plans and Person Centered Description – Picture of a Life and Action Planning.

Additionally, the Internal Reviewer reviewed [REDACTED] discharge from Minnesota Life Bridge in February 2020 and reported on this review in the Internal Reviewer February 2020 Monthly Report. For additional information on [REDACTED] discharge, see the February 2020 Internal Reviewer Monthly Report (distributed to the Court on March 16, 2020, page 4).

For more information about QADC Services' verification efforts relating to transition planning and discharges, see the Verification section for EC 48.

Summary Assessment

The Department has demonstrated best efforts⁶⁵ in its implementation of EC 52. Further, the Department has met EC 52 by completing all Actions accompanying EC 52. The Department has provided specific data above and in previous reports documenting completion of Actions 52.1, 52.2, 52.3, 52.4, 52.5 and 52.6 (See Doc. Nos. 328, 342, 387, 531, 572, 589, 614-1, 643, 676, 700, 710, 763, 814 and the Internal Reviewer Monthly Reports).

[REDACTED]

⁶⁵ See Doc. No. 707 at 9.

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Evaluation Criteria 53

The provisions under this Transition Planning Section have been implemented in accord with the Olmstead decision.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 53 has been met.

Consistent with EC 53, Minnesota Life Bridge continues to implement person-centered transition planning and provide treatment home residents with opportunities to receive services in integrated settings, in accord with the *Olmstead* decision, to the extent possible based on reasonable assessments by treatment professionals that community placement is appropriate accounting for the person's particular clinical and other circumstances and according to the preferences of the person. Minnesota Life Bridge, by its overall design, is a temporary treatment program meant to help residents move into more integrated settings at the appropriate time. Persons served at Minnesota Life Bridge treatment homes are highly involved in developing their Person-Centered Descriptions and Transition Plans. If, after provided with the information necessary to make an informed choice, a person chooses a segregated service, Minnesota Life Bridge documents this choice in the person's record. Persons and their support teams are encouraged to make an informed choice of future providers and Minnesota Life Bridge consistently encourages transition to integrated and more independent settings. Post transition, Minnesota Life Bridge staff are available for continued staff training and staff shadowing at the request of the new provider, consultation and participation in the 45-day review.

During this reporting period, Minnesota Life Bridge discharged one resident (M4) who transitioned to services in a more integrated setting.

Minnesota Life Bridge works with treatment home residents and their teams to develop Person Centered Description – Picture of a Life and Action Planning and Transition Plans that address multiple areas of engagement, including community and civic life, relationships, career, home and personal interests.

As discussed in the status updates for EC 2 and ECs 48-52, the Person Centered Description directly informs the services and supports Minnesota Life Bridge provides to residents while they are living in the treatment homes and directly informs the transition planning process. These services and supports are monitored in a variety of ways, including through residents' monthly team meetings, resident progress reports, the transition planning process, the Internal Reviewer's assessment of follow-up to incidents involving EUMR, 911 calls, or use of PRN medication at the request of the

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client, and the Internal Reviewer's Clinical Case Review⁶⁶ section of the Internal Reviewer Monthly Report.

Verification

See the Verification sections for EC 2 and ECs 48-52.

Summary Assessment

The Department has met EC 53 by completing all Actions accompanying EC 53. The Department has provided specific data above and in previous reports documenting completion of Actions 53.1, 53.2, 53.3 and 53.4 (See Doc. Nos. 342, 531, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 64

The Facility has a mission consistent with the Settlement Agreement and this Comprehensive Plan of Action.

Responsible Party: Minnesota Life Bridge Manager

Current Status

EC 64 has been met.

The mission of Minnesota Life Bridge is described by the phrase "Successful Transition to a Successful Life," consistent with the JSA and CPA. Consistent with EC 3, Minnesota Life Bridge serves Minnesotans who have a developmental disability and exhibit severe behavior that presents a risk to public safety. Minnesota Life Bridge treatment homes are intended to provide temporary residential services, lasting no longer than necessary to stabilize the person's behavioral crises and facilitate successful transition to a living situation of their choosing. The amount of time necessary to stabilize a person will vary depending on the person's clinical circumstances. Consistent with the JSA and CPA, Minnesota Life Bridge also requires the use of positive behavior supports and person-centered planning approaches and prohibits the use of mechanical restraint, prone restraint, chemical restraint, seclusion and time out, and all other aversive or deprivation practices. The Department

⁶⁶ The Internal Reviewer selects one person in conjunction with Minnesota Life Bridge and conducts a review using the Case Formulation Model. The structure of the Case Formulation is consistent with the National Association of Dual Diagnosis Clinical Benchmarks for persons with intellectual or developmental disability and mental illness and assesses the degree to which Minnesota Life Bridge provides a therapeutic environment. The Clinical Case Reviews also include discussion of support topics that are relevant to all persons supported by Minnesota Life Bridge, such as Wellness factors (e.g., improving sleep hygiene) and making holiday seasons more enjoyable.

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describes these principles in its Minnesota Life Bridge Bulletin (Bulletin No. 18-76-02),⁶⁷ policies and its page in the Community Based Services Manual.⁶⁸ The Bulletin and the Community-Based Services Manual⁶⁹ are publicly available on the Department's website.

For more detail about admissions to Minnesota Life Bridge treatment homes, use of person-centered principles and positive behavior supports at Minnesota Life Bridge treatment homes, and Minnesota Life Bridge's pursuit of the appropriate discharge of treatment home residents, see the status updates in this report for ECs 2-3 and ECs 47-53.

Verification

See Verification Sections for ECs 2-3 and ECs 47-53.

Summary Assessment

The Department has met EC 64 by developing a mission for Minnesota Life Bridge consistent with the JSA and the CPA. The Department has provided specific data above and in previous reports documenting completion of EC 64 (See Doc. Nos. 299, 531, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 67

*The expansion of community services under this provision allows for the provision of assessment, triage, and care coordination to assure persons with developmental disabilities receive the appropriate level of care at the right time, in the right place, and in the most integrated setting in accordance with the U.S. Supreme Court decision in *Olmstead v. L.C.*, 527 U.S. 582 (1999).*

Responsible Party: CSS Director

Current Status

EC 67 has been met.

EC 67 acknowledges the expansion of community services to allow for the provision of assessment, triage and care coordination in an effort to assure persons with developmental disabilities receive the

⁶⁷ Minnesota Life Bridge Bulletin, DHS Bulletin No. 18-76-02: <http://www.dhs.state.mn.us/dhs-307196>.

⁶⁸ The Community-Based Services Manual is a resource for lead agencies who administer home and community-based services that support older Minnesotans and people with disabilities.

⁶⁹ Community-Based Services Manual webpage on Minnesota Life Bridge: http://www.dhs.state.mn.us/main/dhs16_195872.

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appropriate level of care at the right time, in the right place, and in the most integrated setting. (Doc. No. 283 at 23.) With nine mobile teams, each team minimally including two members, and 24 office locations⁷⁰ around the state, Community Support Services (CSS) has expanded its community services. CSS provides assessment, triage and care coordination to persons with developmental disabilities on a statewide basis. This allows persons and their teams to receive support from CSS where the person is in the most integrated setting possible.

On March 13, 2020, consistent with Department of Human Services policies, and Minnesota Department of Health (MDH) and Centers for Disease Control and Prevention (CDC) guidelines, the Department began following social distancing practices. Because CSS mobile teams work statewide, often travelling between multiple group homes and other sites each day—and given early signs of high transmissibility of the coronavirus—CSS mobile teams proactively paused in-person consultation activities effective March 13, 2020 and moved to telehealth platforms. Consistent with the Minnesota Department of Health guidance and relevant professional guidelines on the use of telehealth during the pandemic, CSS has been delivering services virtually since March 13, 2020.⁷¹ Following the loosening of restrictions via executive orders and MN Department of Health guidance,⁷² CSS mobile teams have been preparing protocols and the necessary infection prevention supply inventories to resume in-person consultations as safely possible in the future.

⁷⁰ The 24 office locations included regional offices in Anoka, Cambridge, Faribault, Maplewood, Moorhead, Vadnais Heights and Willmar, as well as home offices scattered throughout Minnesota and one home office in Wisconsin.

⁷¹ “MN Department of Health Updated Guidance for MDH-Licensed Providers of Residential Settings with At-Risk Residents | COVID-19 (March 15, 2020)”-

<https://www.health.state.mn.us/facilities/regulation/homecare/docs/covid031620.pdf>;

“MN Department of Health Interim Guidance for the Prevention of COVID-19 in DHS-Licensed Residential and Non-Residential Settings with At-Risk Persons (March 31, 2020)”-

<https://www.health.state.mn.us/diseases/coronavirus/guidedhs.pdf>;

“MN Department of Health Guidance for Caring for People in their Homes for Non-Medical Visits (July 22, 2020)” -

<https://www.health.state.mn.us/diseases/coronavirus/visitingathome.pdf>;

“National Association of Social Workers – COVID 19: Practice Guidelines for Reopening Social Work Practices (May 2020)” - <https://www.socialworkers.org/LinkClick.aspx?fileticket=akHuTlOfNPM%3D&portalid=0>;

“Behavior Analyst Certification Board (BACB) COVID-19 Updates” - <https://www.bacb.com/bacb-covid-19-updates/>; and

“Association of Professional Behavior Analysts – Guidelines for Practicing Applied Behavior Analysis during the COVID-19 Pandemic (Approved: April 9, 2020)” - https://cdn.ymaws.com/www.apbathome.net/resource/collection/1FDDBDD2-5CAF-4B2A-AB3F-DAE5E72111BF/APBA_Guidelines_-_Practicing_During_COVID-19_Pandemic_040920.pdf.

⁷² Interim Guidance on the Prevention of COVID-19 for Employees and Residents of Licensed Group Homes (June 25, 2020) <https://www.health.state.mn.us/diseases/coronavirus/guidegroup.pdf>

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During this reporting period, CSS mobile teams provided statewide assessment, triage and care coordination to 204 people with developmental disabilities.⁷³ Information on long-term monitoring services from CSS is addressed in the status updates for ECs 68 and 69 in this report.

CSS provided information on 10 people randomly selected from the 204 people with developmental disabilities who received “standard” (meaning not long-term monitoring) supports from CSS mobile teams during this reporting period.⁷⁴ The following is a summary of the information obtained from CSS lead workers, supplemented by case notes, for the 10 people in the random sample for this EC.⁷⁵

[REDACTED]

[REDACTED]

[REDACTED]

⁷³ This number does not include persons who only received long-term monitoring services from CSS (see ECs 68 and 69) during the reporting period. This number does include persons who received Standard Supports from CSS during the reporting period and during the reporting period subsequently moved to the long-term monitoring group.

⁷⁴ To monitor CSS Standard Supports, QADC Services pulled a random sample from the list of people who received Standard Supports from CSS between January 1 to June 30, 2020. QADC Services alphabetized (last name/first name) and numbered the list of people who received Standard Supports from CSS during the relevant time period. QADC Services then used Random.org (<https://www.random.org/>) to generate 10 random numbers based on the total number of people who received Standard Supports from CSS during the reporting period and QADC Services then matched the numbers generated to the alphabetized list of names.

⁷⁵ The following summaries include references to events and supports that occurred outside this reporting period.

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[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

These are just some examples of how CSS supports persons with developmental disabilities and their community support networks to assure that the person receives the appropriate level of care at the right time, in the right place and in the most integrated setting possible. For additional information about the services provided by CSS to these 10 people, refer to the Verification section below, which includes information from follow-up with case managers, providers and/or guardians.

Diversion Meetings

Consistent with Actions 67.4, 67.5, and 67.7, the Department provides on-going efforts to divert persons from institutionalization or placement in more restrictive settings through weekly diversion meetings. Minnesota Life Bridge facilitates the weekly diversion meetings, which involve representation from multiple areas of the Department including CSS, Community-Based Services, Direct Care and Treatment Central Pre-Admission, Minnesota State Operated Community Services, QADC Services and the Successful Life Project. These meetings consider all persons with developmental disabilities known to be at risk of losing their living situation, as well as residents of Minnesota Life Bridge treatment homes. Weekly diversion meetings discuss person-centered development strategies as well as consideration of existing community vacancies and challenges posed by a person's history and current mental health. This involves reviewing any proposed admissions to more restrictive settings and considering all possible diversion strategies; reviewing status of transition planning for all individuals living at Minnesota Life Bridge treatment homes; and

[REDACTED]

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incorporating an active, individualized planning or development focus in these transition discussions. During this reporting period, temporary halts on new residential site development as a result of the pandemic caused delays in the diversion process for some individuals.

These efforts and discussions are summarized in the Diversion Meeting minutes, which include updates on the current status of diversion efforts and next steps for these efforts, with detail about what is to be addressed, who is assigned to follow through, when resolution is expected for the item and escalation of the issue as appropriate to upper management, if any. Minnesota Life Bridge sends the Diversion Meeting minutes to QADC Services, and QADC Services distributes the minutes to the Consultants and the Attorney General's Office, as well as selected internal DHS staff.

QADC Services and the Successful Life Project monitor the Diversion Meeting minutes and follow up on issues raised as appropriate, and escalate significant issues to the QADC Services Director. Examples of QADC Services and Successful Life Project follow-up during this reporting period include:

- Following up with county case managers and the Minnesota Life Bridge Transition Coordinator for clarification regarding specific issues or barriers identified in the Diversion Meeting minutes;
- Speaking with Minnesota Life Bridge staff during on-site visits about challenges or concerns affecting transition planning;
- Participating in team meetings for some Minnesota Life Bridge residents and Therapeutic Follow-up Members identified in the Diversion Meeting minutes;
- Providing direction to participants in the Diversion Meetings about who they could contact to address or escalate an identified issue or concern; and
- Providing clinical consultation and technical assistance to develop behavioral supports for individuals followed by the Diversion Meetings and to ensure consensus on placement needs.

Verification

To verify accuracy of the data reported to QADC Services regarding the persons with developmental disabilities served by CSS during the reporting period, CSS drew a random sample of five percent of the total number of persons who received CSS Standard Supports during this reporting period.⁷⁸ For the randomly selected cases, CSS reviewed supporting documentation, including case notes and reports, to confirm services that CSS provided. CSS also verified case opening and closure dates in the CSS data system.

The QADC Services data analyst confirmed with the CSS data analyst that the documented process CSS used to pull data from its database remains the same from the last reporting period and continues to provide QADC Services with information needed to monitor and to report on the supports provided by CSS.

⁷⁸ To draw their random sample, CSS used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

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CSS submitted data showing 204 individuals received Standard Supports from CSS during this reporting period. During the review completed by CSS and QADC Services, it was discovered that CSS coded three people as receiving Standard Supports during the previous reporting period who should not have been reported in the February 2020 Semi-Annual Compliance Report (Doc. No. 814 at 55). It was also discovered that one individual was retroactively added to Standard Supports but was not reported on the previous Semi-Annual Compliance Report (Doc. No. 814 at 55).

To obtain additional information regarding how CSS mobile team supports are being used to ensure that persons with developmental disabilities receive the appropriate level of care at the right time, in the right place and in the most integrated setting possible, QADC Services reviewed case notes and contacted CSS lead workers for the random sample of 10 people who received Standard Supports from CSS mobile teams during the reporting period. This information is summarized in the status update for EC 67, above. See also the discussion of the CSS consumer satisfaction survey process, discussed in EC 70, below.

To verify the information provided by CSS lead workers for the random sample of 10 people who received Standard Supports during the reporting period, and to obtain additional detail about how the supports have impacted these people and their teams, QADC Services staff contacted case managers, providers and family members or guardians (where available).

QADC Services utilized a standardized interview protocol that asked: (1) why the person was referred to CSS for services?; (2) what services and supports were provided by CSS to the person and their community support network?; and (3) if and how the services provided supported the person to remain in and/or become more involved in the community.

For the 10 people in the random sample who received CSS Standard Supports during the reporting period, QADC Services received responses from seven case managers, nine providers and seven guardians or family members.

Three case managers and two guardians did not respond, despite QADC Services' multiple attempts to contact them.

One person lives at home with their family and had no residential provider to contact. One person does not have a current guardian.

Information provided by respondents regarding the reason(s) for referral and services provided by CSS were generally consistent with the information contained in the case notes or reported during the interviews with CSS staff.

Most respondents reported that the services CSS provided had a positive impact on the person's behavior and involvement in the community. The focus for CSS for a number of people included a high frequency of aggressive behaviors including property destruction that was putting their residential placement at risk. Due to COVID-19 restrictions, CSS worked with a number of teams on how to involve clients in the community safely.

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The following are some quotes from the responses received by QADC Services:

- “[CSS] have been amazing at working with us on [Client name] plan to ensure that [they] have [their] rights and freedoms. The CSS staff have assisted us with the wording and licensing information to ensure we are not doing what we should not be doing.”
- “CSS continues to perform those actions to support [Client name] living in the community. [CSS] continues to be a resource to discuss supervisor and staff observation and potential interventions.”
- “[CSS] has a good understanding of [Client name] and I think [CSS] has been very helpful with helping the group homes understand why [Client name] is acting the way [Client name] is. In the meetings we've had, CSS helps quite a bit. Without them, [Client name] wouldn't be where [Client name] is.”
- “CSS was an excellent resource for us, as the residential provider, by supporting our needs in attempting to maintain placement for [Client name] when [their] health and behavior had become unstable.”
- “[CSS] really helped (Client name)'s behavior was able to stay in [their] group home and get a job at jobs plus.”

With respect to the information reported in the status update for EC 67 regarding diversion meetings, QADC Services received, reviewed and distributed the Diversion Meeting minutes. QADC Services also reviewed email records and notes regarding follow-up conducted by QADC Services staff on issues requiring clarification or escalation that were raised by the Diversion Meeting minutes.

Summary Assessment

The Department has demonstrated best efforts⁷⁹ in its implementation of EC 67. Further, the Department has met EC 67 by completing all Actions accompanying EC 67. The Department has provided specific data above and in previous reports documenting completion of Actions 67.1, 67.2, 67.3, 67.4, 67.5, 67.6, 67.7 and 67.8 (See Doc. Nos. 328, 342, 361, 531, 572, 589, 614-1, 643, 676, 700, 763 and 814).

Evaluation Criteria 68

The Department identifies, and provides long-term monitoring of, individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs, and to prevent multiple transfers within the system.

Responsible Party: CSS Director

Current Status

EC 68 has been met.

⁷⁹ See Doc. No. 707 at 9.

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EC 68 sets a goal that the Department engages in best efforts⁸⁰ to identify and provide long-term monitoring of individuals with clinical and situational complexities in order to help avert crisis reactions, provide strategies for service entry changing needs and to prevent multiple transfers within the system. (Doc. No. 283 at 24.)

During this reporting period, CSS provided long-term monitoring (CSS refers to this as “extended supports”) to 84 people with developmental disabilities and clinical and situational complexities. During this reporting period, CSS closed ten long-term monitoring cases and opened eight new ones.

Through its long-term monitoring activities, CSS works to help avert crisis reactions by:

- Providing strategies for service entry changing needs and preventing multiple transfers within the system by monitoring and promoting the implementation of support plans;
- Collaborating with support networks to adjust support strategies;
- Training the person’s support network to recognize changing needs; and
- Facilitating access to the right supports in the right place at the right time.

For an overview of CSS’ long-term monitoring process, refer to the status update for EC 68 in the Department’s February 2017 Semi-Annual Compliance Report (Doc. No. 614-1).

As of the end of the reporting period, of the 84 people receiving long-term monitoring during this reporting period:

- 40 people (48%) were assigned to Category One;
- 29 people (34%) were assigned to Category Two; and
- 15 people (18%) were assigned to Category Three.⁸¹

CSS provided information on 10 people randomly selected from the 84 people who were in the long-term monitoring group (Extended Supports) during this reporting period.⁸² The following is a

⁸⁰ The CPA states that ECs 68-75 are goals that are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

⁸¹ Persons assigned to Category Three are in situations that require extensive CSS support; persons assigned to Category Two have a support network that demonstrates the capacity to effectively address issues with moderate CSS support; and persons assigned to Category One have a support network that demonstrates effective implementation of strategies to address the person’s changing needs with little or no CSS support. For additional information about these service level categories, refer to the status update for EC 68 in the February 2017 Semi-Annual Compliance Report (Doc No. 614-1).

⁸² To monitor CSS long-term monitoring services, QADC Services pulled a random sample from the list of people who received long-term monitoring services from CSS January 1 to June 30, 2020, QADC Services alphabetized (last name/first name) and numbered the list of people who received long-term monitoring services from CSS during the relevant time period. QADC Services then used Random.org (<https://www.random.org/>) to generate 10 random numbers based on the

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summary of the information obtained from CSS lead workers, supplemented by case notes, for the 10 people in the random sample for this EC:⁸³

A5: A5 was referred to CSS long-term monitoring in May 2016 due to interfering behaviors. CSS has

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

total number of people who received supports from CSS during the reporting period. QADC Services then matched the numbers generated to the alphabetized list of names.

⁸³ The following summaries include references to events and supports that occurred outside this reporting period.

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[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

As of the end of this reporting period, long-term monitoring remains in place for 10 of the 10 people in the random sample.

Verification

To verify accuracy of the data reported to QADC Services regarding the persons with developmental disabilities receiving long-term monitoring during the reporting period, CSS drew a random sample of

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five percent of the total number of persons who received Long-Term Monitoring during this reporting period.⁸⁴ For the randomly-selected sample cases, CSS reviewed supporting documentation, including case notes and reports, to confirm documented services that were provided. CSS also verified case opening and closure dates in the CSS data system.

The QADC Services data analyst confirmed with the CSS data analyst that the documented process CSS used to pull data from its database did not change from the last reporting period and continues to provide QADC Services with information needed to monitor and to report on the supports provided by CSS.

CSS submitted data for 84 people receiving long-term monitoring during this reporting period. During the review by CSS and QADC Services, it was discovered that CSS retroactively closed one individual who should have been reported as closed in the February 2020 Semi-Annual Compliance Report (Doc. No. 814 at 56).

To obtain additional information regarding how CSS long-term monitoring is being used to help avert crisis reactions, provide strategies for service entry changing needs and prevent multiple transfers within the system, QADC Services reviewed case notes and followed up with CSS lead workers for the random sample of 10 of the 84 people who received long-term monitoring from CSS during the reporting period. This information is summarized in the status update for EC 68, above. See also the discussion of the CSS consumer satisfaction survey process, discussed in EC 70, below.

QADC Services utilized a standardized interview protocol that asked: (1) why the person was referred to CSS for services?; (2) what services and supports were provided to the person and their community support network?; (3) if and how the services provided by CSS supported the person to remain in and/or becoming more involved in the community?; and (4) how they feel the receipt of long-term monitoring has benefited the person?

For the 10 people in the random sample who received CSS long-term monitoring during the reporting period, QADC Services received responses from nine case managers, seven providers, nine guardians or family members, and one person who was a case manager and guardian. Three providers did not respond, despite QADC Services' repeated attempts to contact them.

Information provided by respondents regarding services provided by CSS was generally consistent with information reflected in the case notes or reported during the interviews with CSS staff.

QADC Services did not contact family members of one person in the random sample because the case manager who is also the guardian stated that the person's biological family is not allowed to contact the person.

⁸⁴ To draw their random sample, CSS used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

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The following are a few quotes QADC Services received from respondents:

- “Without their CSS team, [Client name] would likely not be able to be in a work group or go on community outings.”
- “I don’t believe the staff utilized the services offered by CSS.”
- “CSS extended supports assists [Client name] and [their] team to stay focused on how to best support [Client name] in areas with which [their] disability causes some of their greatest struggles.”
- “[CSS] definitely kept [Client name] out of the criminal justice system which I believe is primary.”
- “[Client name] is a very complex person and CSS has helped those working with [Client name] to figure [Client name] out, realize what [Client name] needs, when [Client name] needs it and help [Client name] accomplish new things in their home and in the community.”

Summary Assessment

The Department has demonstrated best efforts⁸⁵ in its implementation of EC 68. Further, the Department has met EC 68 by completing alternate actions to achieve satisfaction of the EC.⁸⁶ The alternate actions include identifying individuals with clinical and situational complexities across the State and providing long-term monitoring to them. The long-term monitoring and data collection helps to avert crises, provide support and strategies to address changing needs and prevent multiple transfers within the system. The Department has provided specific data above and in previous reports (See Doc. Nos. 531, 572, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 69

Approximately seventy-five (75) individuals are targeted for long term monitoring.

Responsible Party: CSS Director

Current Status

EC 69 has been met.

EC 69 sets a goal that the Department engages in best efforts⁸⁷ to target “approximately seventy-five (75) individuals” for long-term monitoring. (Doc. No. 283 at 24.) Action 69.1 indicates that these individuals are to be identified from the population of people “who have been served by CSS.”

⁸⁵ See Doc. No. 707 at 9.

⁸⁶ Doc. No. 283 at 1.

⁸⁷ The CPA states that ECs 68-75 are goals that are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

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As discussed in this report's status update for EC 68, CSS provided long-term monitoring to 84 people with clinical and situational complexities during this reporting period. This number is fluid and impacted by how many people CSS identifies as appropriate candidates for long-term monitoring, how many of these people (or their legal representatives) consent to receive long-term monitoring services and how many people CSS discontinues from long-term monitoring.

As explained in the status update for EC 68 in the Department's February 2017 Semi-Annual Compliance Report (Doc. No. 614-1 at 51), CSS reviews all persons with developmental disabilities referred to CSS to determine based upon the factors listed in Action 69.3 whether they would benefit from long-term monitoring. The status update for EC 68 in the February 2017 Semi-Annual Compliance Report (Doc. No. 614-1 at 52-53) also describes the reasons why people are discontinued from long-term monitoring. Either:

- The person is no longer accessible by CSS; or
- The person's situation and the effectiveness of their support network has changed to a degree that long-term monitoring is no longer needed or beneficial.

Verification

To obtain additional information about how CSS utilizes long-term monitoring to help avert crisis reactions, provide strategies for service entry changing needs and prevent multiple transfers within the system, QADC Services reviewed case notes and followed up with CSS lead workers, case managers and providers from a random sample of the 84 people who were in the long-term monitoring group during this reporting period. For a summary of the information that QADC Services obtained regarding the services provided to persons in this random sample, see the status update for EC 68 in this report.

For additional information, see the Verification section for EC 68.

Summary Assessment

The Department has demonstrated best efforts⁸⁸ in its implementation of EC 69. Further, the Department has met EC 69 by completing all Actions accompanying EC 69. The Department has provided specific data above and in previous reports documenting completion of Actions 69.1, 69.2 and 69.3 (See Doc. Nos. 328, 531, 572, 589, 614-1, 643, 676, 700, 710, 763 and 814).

⁸⁸ See Doc. No. 707 at 9.

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Evaluation Criteria 70

CSS mobile wrap-around response teams are located across the state for proactive response to maintain living arrangements.

Responsible Party: CSS Director

Current Status

EC 70 has been met.

EC 70 sets a goal that the Department engage in best efforts⁸⁹ to have CSS mobile wrap-around response teams located across the state for “proactive response to maintain living arrangements.” Consistent with Action 70.1, CSS maintained nine mobile wrap-around response teams (“mobile teams”) at 24 office locations across the state during this reporting period.⁹⁰

CSS mobile teams promote positive supports and build collaborative support networks to help persons with complex behavioral challenges maintain living arrangements. To prevent and resolve behavioral crises, CSS mobile teams provide outreach services, including the following:

- Augmentative staff supports;
- Assessment;
- Consultation;
- Engagement and coordination with community resources; and
- Training.

CSS staffs each mobile team with at least two people experienced and trained in behavior analysis, social work, psychology, nursing and/or organization development and training. During this reporting period, the nine teams minimally included two members. When CSS mobile supports are engaged, at least one member of the mobile team provides outreach services, in consultation with other mobile team members. To build collaborative support networks around persons supported, CSS mobile teams work in coordination with the person’s team and community resources to prevent or resolve behavioral crises. For more information about the supports provided by CSS mobile teams, see the status updates for ECs 67-69 in this report.

CSS mobile teams receive administrative and managerial support from the CSS Director, the Southern and Northern Regional Managers, two Office Coordinators, Direct Care and Treatment Information Technology Specialists and the Direct Care and Treatment Training and Development Specialist.

⁸⁹ The CPA states that ECs 68-75 are goals that are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

⁹⁰ The 24 office locations included regional offices in Anoka, Cambridge, Faribault, Maplewood, Moorhead, Vadnais Heights and Willmar, as well as home offices scattered throughout Minnesota and one home office in Wisconsin.

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Consistent with Action 70.2, the administrative and managerial supports provided by these individuals facilitate data collection and central data management related to CSS mobile team activities.

During this reporting period, CSS sent out consumer satisfaction surveys to persons who received mobile team supports from CSS, their legal representatives, if applicable, and county case managers. CSS received responses from 10 persons receiving services, 25 legal representatives and 27 case managers. As part of their survey process, CSS maintains a Client and Customer Concern Log, which tracks concerns and CSS responses to concerns.

Three respondents (two county case managers and one contracted case manager) identified concerns during this reporting period. In each situation, the CSS Manager reviewed case notes and/or spoke with the CSS clinician involved to obtain a more thorough understanding of what took place and address and resolve the concern.

- In the first situation, there were communication difficulties among the person's support team and the CSS clinician. When the CSS clinician had asked the team, "What do you need most from CSS?" the answer given was to engage the client in an activity one time per week, which CSS did. A possible factor affecting communication was that the provider had submitted a notice of demission soon after the county opened with CSS before CSS had met with the client or the larger team. The CSS Regional Manager sent an email to and called the contracted case manager to set up a phone interview. As of July 28, 2020, the CSS Regional Manager has not heard back from the case manager.
- In the next situation, the county case manager shared a concern that that while she supported a client-centered approach she felt that being client-centered does not include holding back honest input when a client's family gets upset. The CSS Regional Manager spoke to the CSS team lead regarding case complexities and team dynamic. The CSS Regional Manager talked with the county case manager who explained that the CSS clinician was involved in a challenging family dynamic related to one family member not willing to engage in program recommendations provided by the CSS clinician to establish consistency. The county case manager shared that a court appointed a guardian ad litem to help support the individual served through the challenging family dynamic. This case was subsequently successfully resolved with a decrease in interfering behaviors attributed to consistent person-centered programming.
- In the third situation, the county case manager commented that she would have liked more involvement with the school staff. The Regional CSS Manager spoke with the CSS lead who stated that he had tried getting the school involved but the school did not feel they needed CSS involvement. When the CSS Regional Manager spoke with the county case manager, the case manager stated that she was not dissatisfied with CSS services. While the school was reluctant to have a collaborative or consulting relationship with CSS, the case manager noted it was not from lack of effort from the CSS staff.

Verification

The Responsible Party reviewed the list of CSS office locations and updated the list, where needed, to reflect changes during this reporting period. The Responsible Party also reviewed the CSS staff directory, which CSS updated during this reporting period, and crosschecked the directory against the CSS Contacts on the CSS SharePoint site, which is updated routinely as staff changes occur.

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CSS documents concerns identified in consumer surveys and CSS' responses to these concerns in CSS' Client and Customer Concern Response Log, which CSS provided to QADC Services. QADC Services reviewed the following documents submitted by CSS to confirm that these documents supported the information provided by CSS and to obtain additional information, where needed:

- CSS staff directory, which includes lists of the nine CSS mobile teams and their staff;
- List of CSS office locations;
- CSS Client and Customer Concern Response Log; and
- Spreadsheets documenting responses to CSS Consumer Satisfaction Surveys from clients, case managers and legal representatives during the reporting period.

In reviewing the responses to consumer satisfaction surveys received during the reporting period, QADC Services reviewed comments from the three respondents who had identified concerns and CSS' documentation of the specific follow-up actions taken. Information provided by respondents regarding services provided by CSS was generally consistent with information reflected in the case notes or reported during the interviews with CSS staff.

Summary Assessment

The Department has demonstrated best efforts⁹¹ in its implementation of EC 70. Further, the Department has met EC 70 by completing all Actions accompanying EC 70. The Department has provided specific data above and in previous reports documenting completion of Actions 70.1, 70.2 and 70.3 (See Doc. Nos. 299, 328, 342, 361, 531, 572, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 71

CSS arranges a crisis intervention within three (3) hours from the time the parent or legal guardian authorizes CSS' involvement.

Responsible Party: CSS Director

Current Status

EC 71 has been met.

EC 71 sets a goal that CSS engage in best efforts⁹² to arrange a crisis intervention within three hours from the time the parent or their legal guardian authorizes CSS' involvement, which is the time that CSS receives written consent from the parent or legal guardian. According to Department policy, a

⁹¹ See Doc. No. 707 at 9.

⁹² The CPA states that ECs 68-75 are goals that are subject to a "best efforts" standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under "System Wide Improvements" represent the Department's goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

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written consent, which includes a consent for release of information, is necessary for CSS to obtain protected health information about the person from the person's providers. The signed consent starts the three-hour window for crisis intervention.

During this reporting period, five of the 49 completed referrals met crisis criteria.⁹³ CSS defines crisis criteria as a behavioral crisis that puts the person at risk of losing their current living situation.

CSS arranged a crisis intervention within three hours from the time the parent or legal guardian authorized CSS' involvement for all five referrals. The average response time was 36 minutes and the median response time was 15 minutes.

Verification

To verify that each referral reported for this Evaluation Criteria was for a person with a developmental disability, CSS cross-checked referral information against documentation in CSS' data system. To verify if the referral met crisis criteria, CSS cross-checked information from CSS' SharePoint database against progress notes from the CSS Progress Tracking System. Case leads were contacted as needed with any questions for clarification.

QADC Services reviewed the supporting documentation submitted by CSS, including the list of referrals for persons with developmental disabilities and progress notes from the CSS Progress Tracking System and verified response time. QADC Services also cross-referenced all CSS referrals received during this reporting period for persons with developmental disabilities against the list of persons in crisis entered into the Department's Single Point of Entry,⁹⁴ which uses the same criteria for crisis as CSS—a behavioral crisis that puts the person at risk of losing their current living situation.

QADC Services' review identified one referral that was entered into the Single Point of Entry. QADC Services followed up with CSS regarding the other four referrals identified as meeting crisis criteria who were not entered into Single Point of Entry and learned that one of them should have been entered into Single Point of Entry and the remaining three of them did not meet the criteria for Single Point of Entry. As discussed in the February 2020 Semi-Annual Report, CSS held a meeting in February 2020 to clarify and improve the process of entering referrals into the Single Point of Entry system to ensure that referrals are timely entered into Single Point of Entry. This work resulted in the creation of a workgroup to standardize the process and improve accuracy of screening crisis referrals for Single Point of Entry at the regional team level.

One of the key Department efforts to strengthen diversion supports has been the creation of the Single Point of Entry process in February 2015 (Doc. 531 at 72) and the Universal Referral Form in April 2018 (Doc. 700 at 67). In combination, these processes have substantially improved the

⁹³ Those referrals that did not meet crisis criteria still resulted in CSS opening cases to provide supports.

⁹⁴ The Department's Single Point of Entry is a system that coordinates crisis resolution responses for individuals with developmental disabilities. Crisis is defined as a behavioral crisis that puts the individual at risk of losing their current living situation.

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Department's ability to locate and streamline services for individuals at risk of institutionalization. (See Doc. 774-1 page 7.)

Summary Assessment

The Department has demonstrated best efforts⁹⁵ in its implementation of EC 71. Further, the Department has met EC 71 by completing all Actions accompanying EC 71. The Department has provided specific data above and in previous reports documenting completion of Actions 71.1 and 71.2 (See Doc. Nos. 299, 531, 572, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 72

CSS partners with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication.

Responsible Party: CSS Director

Current Status

EC 72 has been met.

EC 72 sets a goal that CSS engage in best efforts⁹⁶ to partner with Community Crisis Intervention Services to maximize support, complement strengths, and avoid duplication. CSS engages in ongoing collaboration with the Metro Crisis Coordination Program (MCCP), meeting at least quarterly. During this reporting period, the MCCP – CSS Collaboration meeting occurred twice, on February 27, 2020 and May 15, 2020. Due to COVID-19 restrictions, the May 15 meeting was conducted by videoconference.

See Table 6 below for meeting dates and topics discussed.

⁹⁵ See Doc. No. 707 at 9.

⁹⁶ The CPA states that ECs 68-75 are goals that are subject to a "best efforts" standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under "System Wide Improvements" represent the Department's goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

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Table 6: CSS Collaborative Meetings

Date	Meeting	Topics	Present
2/27/2020	MCCP & CSS Collaboration Meeting	<ol style="list-style-type: none"> 1. MCCP updates on: <ul style="list-style-type: none"> • New MCCP staff • Referrals • Work space changes 2. CSS updates on: <ul style="list-style-type: none"> • Referrals • Community of Practices • Challenges when working with persons with a serious and persistent mental illness 3. Clinical Discussion <ul style="list-style-type: none"> • START mobile crisis unit 	MCCP and CSS Clinical staff
5/15/2020	MCCP & CSS Collaboration Meeting	<ol style="list-style-type: none"> 1. MCCP updates on: <ul style="list-style-type: none"> • Impact of COVID-19 on meeting with clients • Resources developed to help people cope, understand, and live with restrictions due to COVID-19 2. CSS updates on: <ul style="list-style-type: none"> • Impact of COVID-19 on meeting with clients • CSS All Staff Meeting schedule mid-June • Telehealth guidelines 3. Clinical Discussion <ul style="list-style-type: none"> • Case formulation during COVID-19 • Working with clients and teams during COVID-19 • Adjusting methods, to be consistent with the CDC and state government current recommendations • Technology advances 	MCCP and CSS Clinical staff

CSS continues to provide services to persons when lead agencies do not have funding available. During this reporting period, there were no requests for unfunded services.

Verification

The Responsible Party reviewed supporting documentation, including agenda and minutes for meetings between CSS and MCCP (held February 27, 2020 and May 15, 2020). The Responsible Party personally participated in one of these meetings (held February 27, 2020). Due to scheduling conflicts, the Responsible Party was unable to attend the meetings on May 15, 2020; however, a CSS Regional Manager was present at the meeting.

QADC Services reviewed the documentation submitted by the Responsible Party including meeting minutes and meeting agendas.

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Summary Assessment

The Department has demonstrated best efforts⁹⁷ in its implementation of EC 72. Further, the Department has met EC 72 by completing all Actions accompanying EC 72. The Department has provided specific data above and in previous reports documenting completion of Actions 72.1, 72.2 and 72.3 (See Doc. Nos. 299, 328, 342, 531, 572, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 73

CSS provides augmentative training, mentoring and coaching.

Responsible Party: CSS Director

Current Status

EC 73 has been met.

EC 73 sets a goal that CSS engage in best efforts⁹⁸ to provide augmentative training, mentoring and coaching. During this reporting period, CSS provided three augmentative training sessions to 29 members of the community support network of three persons receiving CSS services. Two of the three sessions occurred in the first six weeks of 2020, before to the imposition of COVID-19 restrictions. The third session occurred in late May, after Minnesota began loosening of restrictions in executive orders and Minnesota Department of Health guidelines.

Due to the COVID-19 pandemic, community support networks were focused on pandemic response and either were not open to receiving training given pandemic-related priorities or did not yet have the capacity to do so via telehealth technology. The training sessions provided covered three topic categories related to support of specific persons with developmental disabilities including the following:

- 1. General Support**
 - Client specific
- 2. Person Centeredness**
 - Client specific
- 3. Diagnosis Strategies**
 - Client Specific

⁹⁷ See Doc. No. 707 at 9.

⁹⁸ The CPA states that ECs 68-75 are goals that are subject to a “best efforts” standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under “System Wide Improvements” represent the Department’s goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

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During this reporting period, CSS provided training sessions statewide to staff from three private community providers. CSS asked training participants to complete a training satisfaction survey. Of the 23 survey respondents, 100% agreed with the statement: The instructor was knowledgeable and the training was useful/valuable; and 100% agreed with the statement: I would recommend this training to others.

While CSS offered remote and virtual staff training to community support networks, these formal training opportunities were turned down by private providers so that providers could focus on pandemic response. Some providers also faced technological barriers to participating in virtual trainings. CSS clinicians shared resources on telehealth platforms with providers and offered to host trainings using DHS platforms that could be made available to providers.

CSS also mentors and coaches support networks for persons with developmental disabilities by providing the services described in the status updates for ECs 67-69. Mentoring and coaching provides informal training typically with one-on-one interactions that address client-specific challenges as well as team communication and coordination. While the pandemic prevented CSS from providing as many hours of formal training during this reporting period as in prior reporting periods, CSS supplemented those hours with coaching and mentoring hours. An analysis of CSS service delivery unit data from March – June 2020 showed that CSS delivered a comparable amount of service hours during this time period as it did in March – June 2019.

CSS continues to review and update its training curricula to ensure consistency with best practices. The CSS Training Committee includes the CSS Director and three CSS Managers, one of whom is a NADD-CC (National Association for Dual Diagnoses – Certified Clinician) credentialed behavioral psychologist,⁹⁹ and all of whom have extensive training and experience in person-centered organizational leadership.

During this reporting period, CSS continued its efforts to standardize a common Positive Behavior Supports (PBS) training curriculum to align with the Minnesota Life Bridge classroom training and tailored to mobile team needs. In January, the Department began implementing the Core Positive Behavior Supports standardized curriculum.¹⁰⁰ The Department also finished developing the standardized curricula for the Function-Specific Positive Behavior Supports training and the Annual Refresher Positive Behavior Supports training. The Department will begin to implement the standardized Function-Specific Standardized Positive Behavior Support training during the next reporting period.

⁹⁹ This person has a Masters in Science and is a Licensed Psychologist.

¹⁰⁰ In the Department's February 2020 Semi-Annual Report, the Core Training was referred to as the Foundation Training. (See Doc. 814.)

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Verification

The Responsible Party generated the information reported in this status update for augmentative training sessions by reviewing the CSS Program Evaluation database, which contains data on all training sessions provided by CSS staff.

A CSS Office and Administrative Specialist maintains the CSS Program Evaluation database. The Responsible Party reviews training documentation after the Office and Administrative Specialist enters the information into the database.

QADC Services reviewed CSS' list of training sessions completed during this reporting period, which identifies lead trainer, date, location, audience and number of people trained at each augmentative training session. QADC Services also reviewed the responses from training evaluations completed by training participants.

QADC Services also reviewed data provided by the Responsible Party, which showed the number of billable hours and service delivery units CSS provided in the months of March – June 2020 and 2019.

Summary Assessment

The Department has demonstrated best efforts¹⁰¹ in its implementation of EC 73. Further, the Department has met EC 73 by completing all Actions accompanying EC 73. The Department has provided specific data above and in previous reports documenting completion of Actions 73.1, 73.2 and 73.3 (See Doc. Nos. 342, 531, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 74

CSS provides staff at community based facilities and homes with state of the art training encompassing person-centered thinking, multi-modal assessment, positive behavior supports, consultation and facilitator skills, and creative thinking.

Responsible Party: CSS Director

Current Status

EC 74 has been met.

EC 74 sets a goal that CSS engage in best efforts¹⁰² to provide staff at community-based facilities and homes with state of the art training encompassing specified skills.

¹⁰¹ See Doc. No. 707 at 9.

¹⁰² The CPA states that ECs 68-75 are goals that are subject to a "best efforts" standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under "System

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During this reporting period, CSS provided three augmentative training sessions to 29 members of individuals' community support network. Two of the three sessions occurred in the first six weeks of 2020, before to the imposition of COVID-19 restrictions. The third session occurred in late May, after Minnesota began loosening of restrictions in executive orders and Minnesota Department of Health guidelines.

Due to the COVID-19 pandemic, community support networks were focused on pandemic response and either were not open to receiving training given pandemic-related priorities or did not yet have the capacity to do so via telehealth technology. The training sessions provided covered three topic categories related to support of specific persons with developmental disabilities including the following:

- General Support
- Person Centeredness
- Diagnosis Strategies

This formal training and the informal training and coaching described in EC 73 addressed the skills listed in EC 74, including multi-modal assessment, positive behavior supports, person-centered thinking, consultation and facilitator skills and creative thinking, as indicated by the topics covered.

As explained in the status update for EC 73, CSS continues to review and update its training curricula to ensure consistency with best practices. The CSS Training Committee includes the CSS Director and three CSS Managers, one of whom is a NADD-CC (National Association for Dual Diagnoses – Certified Clinician) credentialed behavioral psychologist,¹⁰³ and all of whom have extensive training and experience in person-centered organizational leadership.

During this reporting period, CSS continued its efforts toward standardizing a common Positive Behavior Supports (PBS) training curriculum to align with the Minnesota Life Bridge classroom training and tailored to mobile team needs. In January, the Department began implementing the Core Positive Behavior Supports standardized curriculum.¹⁰⁴ The Department also finished developing the standardized curricula for the Function-Specific Positive Behavior Supports training and the Annual Refresher Positive Behavior Supports training. The Department will begin to implement the standardized Function-Specific Standardized Positive Behavior Support training during the next reporting period.

Wide Improvements" represent the Department's goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

¹⁰³ This person has a Masters in Science and is a Licensed Psychologist.

¹⁰⁴ In the Department's February 2020 Semi-Annual Report the Core Training was referred to as the Foundation Training. (See Doc. 814.)

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Verification

For an explanation of verification activities regarding the services provided under this Evaluation Criteria and EC 73, refer to the Verification section for EC 73 and the Verification sections for EC 67, 68 and 93.

Summary Assessment

The Department has demonstrated best efforts¹⁰⁵ in its implementation of EC 74. Further, the Department has met EC 74 by completing all Actions accompanying EC 74. The Department has provided specific data above and in previous reports documenting completion of Actions 74.1, 74.2 and 74.3 (See Doc. Nos. 342, 531, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 75

CSS' mentoring and coaching as methodologies are targeted to prepare for increased community capacity to support individuals in their community.

Responsible Party: CSS Director

Current Status

EC 75 has been met.

EC 75 sets a goal that CSS engage in best efforts¹⁰⁶ to target its mentoring and coaching methodologies to increase community capacity to support individuals in their community. CSS targets its mentoring and coaching to increase community capacity to support individuals in their communities by providing augmentative training sessions to members of community support networks.

During this reporting period, CSS provided three augmentative training sessions to 29 members of individuals' community support network. As illustrated by the example topics listed in the status updates for ECs 73 and 74, CSS targeted these sessions to increase community capacity by training people to provide effective supports in community settings. CSS also mentored and coached members of individual persons' support networks to increase their capacity for supporting the person in the community through the services described in the status updates for ECs 67-69.

¹⁰⁵ See Doc. No. 707 at 9.

¹⁰⁶ The CPA states that ECs 68-75 are goals that are subject to a "best efforts" standard. (Doc. No. 283 at 2.) This is based on the statement in the JSA that its long-term monitoring, crisis management, and training provisions under "System Wide Improvements" represent the Department's goals and objectives and do not constitute requirements. (Doc. No. 136-1 at X.A.1.)

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In accordance with Action 75.2, CSS clinicians track indicators of risk (including incident reports, BIRFs and CareManager notes) for movement to less integrated settings¹⁰⁷ throughout their case work and summarize them in quarterly case reports. Clinicians use these indicators to inform development of interventions and support strategies with individuals' support networks to help mitigate these risks and prevent moves to less integrated settings whenever safely possible.

To ensure timely and complete data collection, data entry and data analysis, CSS provides additional administrative, data and managerial support as needed.

Verification

For an explanation of verification activities regarding services discussed in this report's status updates for ECs 67-69, refer to the Verification sections for those ECs. As part of these verification activities, QADC Services reviews case notes and speaks with treating clinicians to identify how interventions and support strategies were developed. For an explanation of verification activities relating to the augmentative training sessions discussed in this report's status updates for ECs 73-74, refer to the Verification sections for those ECs. QADC Services also reviewed and confirmed that CSS' quarterly report form for CSS clients requires CSS staff to track indicators of risk of movement to a less integrated setting.

Summary Assessment

The Department has demonstrated best efforts¹⁰⁸ in its implementation of EC 75. Further, the Department has met EC 75 by completing all Actions accompanying EC 75. The Department has provided specific data above and in previous reports documenting completion of Actions 75.1, 75.2 and 75.3 (See Doc. Nos. 328, 342, 531, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 76

An additional fourteen (14) full time equivalent positions were added between February 2011 and June 30, 2011, configured as follows: Two (2) Behavior Analyst 3 positions; One (1) Community Senior Specialist 3; (2) Behavior Analyst 1; Five (5) Social Worker Specialist positions; and Five (5) Behavior Management Assistants.

Responsible Party: CSS Director

¹⁰⁷ Indicators of risk for movement to less integrated settings include but are not limited to frequency of behaviors dangerous to self or others, frequency of interactions with the criminal justice system, sudden increases in usage of psychotropic medications, multiple hospitalizations or transfers within the system, serious reported incidents, repeated failed placements, or other challenges identified in previous monitoring or interventions and cost of placement.

¹⁰⁸ See Doc. No. 707 at 9.

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Current Status

EC 76 has been met.

CSS continues to maintain the positions specified in EC 76. During this reporting period, CSS had five vacancies. CSS worked with DHS Human Resources on advertising and hiring for the following vacancies:

Two Behavior Modification Assistant (BMA) position vacancies

- One vacancy was created when the incumbent moved to a different position on the team that was full time and the other vacancy was created when the incumbent was promoted on the team.
- CSS has filled both vacancies. One candidate started on January 8, 2020, and the other candidate started on February 19, 2020.
- Other CSS BMA staff provided coverage during the vacancies to ensure continuity of care and support to the persons served.

Three BA3 position vacancies

- One vacancy was created due to the incumbent relocating to another DHS department. CSS has filled this vacancy and the candidate started on June 24, 2020.
- The second vacancy was created by a job relocation of the incumbent to a different service provider.
- The third vacancy was created by the retirement of the incumbent
- CSS posted the two BA3 vacancies in June 2020.
 - For one vacancy, CSS held first interviews in June 2020.
 - For the other vacancy, CSS reviewed resumes at the end of June and first interviews were scheduled for July.
- Other CSS BA3s from the team provided coverage during the vacancies to ensure continuity of care and support to the persons served.

Verification

QADC Services reviewed the supporting documentation submitted by the Responsible Party, including the CSS Hiring Tracking Spreadsheet and confirmed that these documents support the information reported.

Summary Assessment

The Department has demonstrated best efforts¹⁰⁹ in its implementation of EC 76. Further, the Department has met EC 76 by completing all Actions accompanying EC 76. The Department has provided specific data above and in previous reports documenting completion of Actions 76.1, 76.2 and 76.3 (See Doc. Nos. 299, 531, 589, 614-1, 643, 676, 700, 710, 763 and 814).

¹⁰⁹ See Doc. No. 707 at 9.

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Evaluation Criteria 77

None of the identified positions are vacant.

Responsible Party: CSS Director

Current Status

EC 77 has been met.

During this reporting period, CSS had five vacancies, filled three and is in the process of filling two. For more information, see the current status update for EC 76. During the pendency of the vacancies, alternative qualified staff provided coverage to ensure continuity of care and support to the persons served.

Verification

See the Verification section for EC 76.

Summary Assessment

The Department has demonstrated best efforts¹¹⁰ in its implementation of EC 77. Further, the Department has met EC 77 by completing all Actions accompanying EC 77. The Department has provided specific data above and in previous reports documenting completion of Action 77.1 (See Doc. Nos. 299, 531, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 78

Staff conducting the Functional Behavioral Assessment or writing or reviewing Behavior Plans shall do so under the supervision of a Behavior Analyst who has the requisite educational background, experience, and credentials recognized by national associations such as the Association of Professional Behavior Analysts. Any supervisor will co-sign the plan and will be responsible for the plan and its implementation.

Responsible Party: CSS Director

Current Status

EC 78 has been met.

CSS has a team of seven CSS behavior analysts, each of whom has sufficient credentials recognized by national associations to conduct Functional Behavior Assessments and write or review behavior plans. The supervisor of this team attained the NADD Clinical Certification credential, as reported in the August 2016 Semi-Annual Compliance Report. (Doc. No. 589 at 51.) The other six behavior

¹¹⁰ See Doc. No. 707 at 9.

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analysts are Board Certified Behavior Analysts, which is a credential granted by the national Behavior Analyst Certification Board.

CSS completed two Functional Behavior Assessments during this reporting period and had four Functional Behavior Assessments in development as of the end of the reporting period. Both of the completed Functional Behavior Assessments were completed by one of the seven nationally-credentialed behavior analysts.

Verification

QADC Services has reviewed the NADD Clinical Certification credential for the team's supervisor and has a copy of this certification, as well as the supervisor's resume, on file. The supervisor is listed on the NADD-CC website.¹¹¹

The Responsible Party reviewed the resumes of the other six behavior analysts and verified their status as Board-Certified Behavior Analysts through the Behavior Analyst Certification Board (BACB) Certificant Registry website.¹¹² QADC Services also reviewed the resumes and other supporting documentation submitted by the Responsible Party for these six behavior analysts. QADC Services has also verified that these staff are listed as Board-Certified Behavior Analysts on the Behavior Analyst Certification Board Certificant Registry website.

Summary Assessment

The Department has met EC 78 by creating a team of nationally-credentialed behavior analysts with the requisite educational background and experience to conduct Functional Behavior Assessments and write or review behavior plans, and by having those plans co-signed by a supervisor. The Department has provided specific data above and in previous reports documenting completion of EC 78 (See Doc. Nos. 328, 342, 531, 572, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 79

The State and the Department developed a proposed Olmstead Plan, and will implement the Plan in accordance with the Court's orders. The Plan will be comprehensive and will use measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs and in the "Most Integrated Setting," and which is consistent and in accord with the U.S. Supreme Court's decision in Olmstead v. L.C., 527 U.S. 581 (1999). The Olmstead Plan is addressed in Part 3 of this Comprehensive Plan of Action.

Responsible Party: Director of Compliance, Olmstead Implementation Office

¹¹¹ Listing of NADD Certified Clinicians:

<http://thenadd.org/products/accreditation-and-certification-programs/nadd-certified-clinicians/>.

¹¹² Behavior Analyst Certification Board (BACB) Certificant Registry: <http://info.bacb.com/o.php?page=100155>.

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Current Status

EC 79 has been met.

A comprehensive Minnesota Olmstead Plan was developed and implemented in accordance with the Court's order and contains measurable goals consistent with the *Olmstead* decision. The Minnesota Olmstead Plan is monitored by a Subcabinet formed by the Governor's Executive Order. During this reporting period, January 1 through June 30, 2020, the following reports were completed and approved by the Subcabinet, and filed with the Court within the specified timelines:

- February 24, 2020 Quarterly Report on Olmstead Plan Measurable Goals;
- March 2020 Olmstead Plan Revision;
- March 2020 Olmstead Plan Revision (blackline version);
- May 11, 2020 Addendum to Plan regarding COVID-19; and
- May 11, 2020 Quarterly Report on Olmstead Plan Measurable Goals.

Verification

QADC Services has verified that the two Quarterly Reports and Annual Report referenced above were filed with the Court and can be found on the Minnesota's Olmstead Plan website by viewing the same.¹¹³

Summary Assessment

The Department has met EC 79 by developing and implementing a comprehensive Olmstead Plan with measurable goals consistent with the *Olmstead* decision. The Department has provided specific data above and in previous reports documenting completion of EC 79 (See Doc. Nos. 531, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 93

DHS will provide augmentative service supports, consultation, mobile teams, and training to those supporting the person. DHS will create stronger diversion supports through appropriate staffing and comprehensive data analysis.

Responsible Party: CSS Director

Current Status

EC 93 has been met.

¹¹³ Minnesota's Olmstead Plan website:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_home.

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EC 93 requires the Department to provide augmentative service supports, consultation, mobile teams and training to those supporting the person. EC 93 also requires that the Department create stronger diversion supports through appropriate staffing and comprehensive data analysis. The first section of this status update addresses the augmentative service supports, consultation, mobile teams and training component of EC 93. The second section of this status update addresses the staffing and data analysis component of EC 93.

Augmentative Service Supports, Consultation, Mobile Teams and Training

Consistent with EC 93, CSS mobile teams provide augmentative service supports, consultation, mobile teams and training to those supporting the person. As described in the status update for EC 70 in this report and in the current Minnesota Life Bridge Bulletin,¹¹⁴ CSS mobile teams promote positive supports and build collaborative support networks to strengthen the integrated community living of persons with complex behavioral challenges. To prevent and resolve behavioral crises, which can interfere with a person's ability to maintain the most integrated setting possible, CSS mobile teams provide outreach services including:

- Augmentative staffing supports;
- Assessment;
- Consultation;
- Engagement and coordination with community resources; and
- Training.

CSS mobile teams are located across the state to promote regional responsiveness. Each mobile team includes at least two staff with experience and training in behavior analysis, social work, psychology, nursing and/or organization development and training. During this reporting period, each team minimally included two members. When CSS mobile supports are engaged, at least one member of the mobile team provides outreach services, in consultation with other mobile team members.

During this reporting period, CSS mobile teams provided "Standard Supports" (meaning services other than long-term monitoring) to 204 people and their support networks, and long-term monitoring to 84 people with situational and behavioral complexities and their support networks. Additionally, CSS provided three augmentative training sessions to 29 members of individuals' community support networks. For more information about these services, refer to the status updates for ECs 67-69 and ECs 73-75.

In an effort to avoid redundancy, and in recognition that EC 93 comes under a section of the CPA about closing the Cambridge facility and replacing it with community homes and services, the discussion in this section focuses on mobile supports provided to persons who have a connection to the facilities, such as persons:

- Referred to Minnesota Life Bridge during the reporting period; and
- Admitted to or transitioning out of Minnesota Life Bridge during the reporting period.

¹¹⁴ Minnesota Life Bridge Bulletin, DHS Bulletin No.18-76-02: <http://www.dhs.state.mn.us/dhs-307196>.

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During this reporting period, CSS provided mobile team supports to 23 people referred to, admitted to or transitioning out of Minnesota Life Bridge.

Of the eight people [REDACTED] served by Minnesota Life Bridge during this reporting period, CSS provided consultation, training, long-term monitoring or augmentative staffing supports to four of these people [REDACTED]¹¹⁵ and their support networks during their placement with Minnesota Life Bridge.

The other 19 people who received mobile team supports during this reporting period were referred to Minnesota Life Bridge but not admitted. For these 19 people and their support teams, CSS provided consultation, training, engagement and coordination with community resources, and/or long-term monitoring services as they navigated the challenges that led to a referral to Minnesota Life Bridge. Of the 19 people not admitted to Minnesota Life Bridge:

- Six people [REDACTED] started receiving Standard Supports from CSS during the reporting period;
- Eight people [REDACTED] were already receiving Standard Supports from CSS;
- Five people [REDACTED] were already receiving long-term monitoring from CSS.

CSS provided information on five people randomly selected from the list of 23 people referred to or at Minnesota Life Bridge during this reporting period who received supports from CSS.¹¹⁶ The following is a summary of the information obtained from CSS lead workers for these five people:¹¹⁷

[REDACTED]

[REDACTED]

¹¹⁵ During this reporting period [REDACTED] were not referred for CSS Mobile Supports because they had not yet reached active transition planning with a confirmed and county-approved residential provider.

¹¹⁶ To monitor CSS support services, QADC Services pulled a random sample from the list of people who received support services from CSS between January 1 to June 30, 2020 and who had been referred to or at Minnesota Life Bridge during this reporting period. QADC Services numbered the list of people who received CSS supports by order of appearance on the Minnesota Life Bridge list during the relevant period. QADC then used Random.org (<https://www.random.org/>) to generate five random numbers and matched those numbers to the list of people who received support services from CSS between January 1 to June 30, 2020 and who had been referred to or at Minnesota Life Bridge during this reporting period.

¹¹⁷ The following summaries include references to events and supports that occurred outside this reporting period.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Appropriate Staffing and Comprehensive Data Analysis for Diversion Supports

As explained in the status updates for ECs 76-78 in this report, CSS maintains appropriate staffing through continued efforts to ensure that the positions specified in EC 76 are filled. Additionally, other entities in the Department also provide diversion supports. For example, Successful Life Project provides therapeutic follow-up to *Jensen* Class Members and people who received services at Minnesota Specialty Hospital System (MSHS)-Cambridge to prevent re-institutionalization and transfers to settings that are more restrictive, and to maintain the most integrated setting.¹¹⁹ When their purview overlaps, CSS and Successful Life Project coordinate efforts to determine which entity is best suited to provide the person and their team with needed supports.

Both CSS and Successful Life Project are connected with the Department's Single Point of Entry system. The Single Point of Entry system coordinates crisis resolution responses for individuals with developmental disabilities.¹²⁰ More specifically, Single Point of Entry coordinates responses from across the Department, including Disability Services, Chemical and Mental Health, and Direct Care and Treatment Divisions, which includes CSS, to individuals' case managers. Representatives from each of these divisions as well as Successful Life Project staff the Department's Single Point of Entry Triage team. Triage team members have complementary expertise in resolving clinical and systems barriers to successful, integrated community living for individuals with disabilities.

After reviewing the initial referral, the Department's Single Point of Entry Triage team may recommend one or more of the following actions:

- Engaging CSS mobile supports to assist in resolving the behavioral crisis in the individual's current home;
- Referring the person to a crisis home for short-term crisis respite and support;
- Engaging other community supports to assist with resolving the behavioral crisis;
- Consulting with Department policy division staff to help address service system-related barriers to effectively support the individual in their current home; or
- Proceeding with a full referral for admission to Minnesota Life Bridge.

CSS continues to work with the Department's Human Resources division to aggressively recruit for and fill staff vacancies in CSS crisis homes and Minnesota Life Bridge programs to optimize bed capacity. Additionally, during the previous reporting period, CSS commenced phase two of a continuous improvement project to identify internal opportunities for decreasing wait list duration

¹¹⁹ Refer to the status update for EC 98 for additional detail about the services and supports provided by Successful Life Project.

¹²⁰ The Department defines "crisis" as a behavioral crisis that puts the individual at risk of losing their current living situation.

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for individuals referred to a CSS crisis home or Minnesota Life Bridge. (See Doc. No. 814 at EC 93). Recommendations and actions undertaken during this reporting period include:

1. **Priority target population:** CSS clarified target priority population to be individuals with intellectual or developmental disability (with or without co-occurring mental health issues, traumatic brain injury, substance use disorder or similar diagnostic categories). Previously, crisis homes had occasionally admitted individuals with only mental illnesses (i.e., without intellectual or developmental disability). These individuals often pose challenges for the crisis home staff whose supports are designed for individuals with an intellectual or developmental disability diagnosis. The presence of individuals with only a mental illness diagnosis thus decreased crisis capacity by remaining in the crisis home longer and, in some instances, lowering census in a home to safely address the individual's behavior. Now the program manager and director, who receive automated SharePoint workflow notifications for review, flag any referrals without intellectual or developmental disability for review and consultation.
2. **Admission offer declinations:** The project team identified numerous instances in which teams declined offers to admit individuals to a crisis home for various reasons, but most commonly due to distance from the person's family or community or general preference for a different crisis home or service. This results in people being in the crisis home wait pool for a longer time, even though there are beds open and available to them.
 - a. CSS enhanced the data collection system to track these instances to identify patterns that might suggest future improvement opportunities, and
 - b. CSS established a protocol that optimizes resources by removing from the crisis home wait pool individuals whose teams decline an admission offer; teams may re-activate a referral by contacting the CBS Referral Team. In referral screening conversations with the referral agent, this protocol is explained to an individuals' team so they may make an informed decision when choosing to accept or decline an admission offer.

In the February 2020 Semiannual Report, the Department reported on its effort to strengthen diversion supports by recruiting more private providers capable of delivering unit-based crisis services.¹²¹ (See Doc. 814 at EC 93.) Comprehensive data analysis, as described in the Department's October 2019 Supplemental Report (Doc. 774-1), informed this work and the continuation of efforts to develop private provider crisis capacity, as described below.

The Department continues to foster private provider crisis respite capacity by participation in the crisis respite community of practice which met on a monthly basis during this reporting period.¹²² The Department's Community Based Services (CBS) Community Residential Supervisors as well as private providers come together to discuss and share best practices around positive supports. There are now eight private provider agencies attending which includes a provider that delivers unit based crisis respite as well as CBS Crisis Respite and Minnesota Life Bridge. In May 2020, the crisis respite community of practice members took a survey to determine what priorities members wanted to

¹²¹ "Unit-based crisis service" refers to a 15-minute unit reimbursement of crisis services, as opposed to crisis services reimbursed on a daily basis.

¹²² All meetings held during the pandemic and imposition of social distancing guidelines were through videoconference.

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focus on over the next year. Themes identified from the survey include best practices with supports, staffing and staff training, transitions and working with guardians.

The Department's Disability Services Division (DSD) has also initiated a waiver intervention service education campaign as a component of the action planning described in the February 2020 Semi-Annual Report (see Doc. 814 at EC 93) to increase provider and case manager understanding of intervention services available under home and community-based services (HCBS) waiver programs (for example, crisis respite, positive support services and specialist services). These efforts increase awareness of intervention services as options for people and a how to recognize when a person would benefit from one of these services.

Finally, the Department ensured that key waiver services for people with developmental disabilities that help prevent institutionalization were funded for remote delivery during the COVID-19 pandemic. Positive supports services and specialist services can both be used to help individuals with challenging behavior avoid institutionalization. While not typically funded for remote delivery, the Department has waived the requirement that these services are provided in person during the pandemic.¹²³

Verification

To verify accuracy of the list of the 23 people referred to, admitted to or transitioning out of Minnesota Life Bridge who are receiving CSS mobile services, CSS drew a random sample of 10% of this list.¹²⁴ For the randomly selected sample cases, CSS reviewed supporting documentation, including case notes and reports. CSS verified case opening and closure dates in the CSS data system.

The QADC Services data analyst confirmed with the CSS data analyst that the documented process CSS used to pull data from its database did not change from the last reporting period and continues to provide QADC Services with information needed to monitor and to report on the supports provided by CSS.

During the review completed by QADC Services, it was discovered that one person [REDACTED] was missing from the totals of people referred to, admitted to or transitioning out of Minnesota Life Bridge for the last two semi-annual reports (Doc. No. 763 at 79 and Doc. No. 814 at 80). It was also discovered that one person [REDACTED] who was reported during the last semi-annual report (Doc. No. 814 at 80) should not have been included because the county case manager did not follow through with the referral.

¹²³ See

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-321648.

¹²⁴ To draw their random sample, CSS used Random.org (<https://www.random.org/>) to generate random numbers and correlated those to row numbers on a spreadsheet of individuals.

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To obtain additional information about how CSS mobile teams provided augmentative service supports, consultation, mobile teams and training to those supporting the person during the reporting period, QADC Services reviewed case notes and contacted CSS lead workers for a random sample of five of the 23 people who were referred to or at Minnesota Life Bridge and received CSS supports during this reporting period. This information is summarized above in the status update for EC 93.

To verify the information provided by CSS lead workers for the five people in the random sample and to obtain additional detail about how CSS supports have impacted these people and their teams, QADC Services staff contacted case managers, providers and family members or guardians (where available).

In conducting these interviews, QADC Services utilized a standardized interview protocol that asked: (1) why was the person referred to CSS for services?; (2) what services and supports were provided by CSS to the person and to the people who support the person?; and (3) if and how the services provided to the person helped the person remain in or become more involved in the community?

For the five people in the random sample whose information is summarized above in the status update for EC 93, QADC Services received responses from five CSS leads, five case managers, two providers and four guardians or family members.

The providers for three people included in the random sample were not contacted because:

- One person lives at home and does not currently have a residential provider;
- One person lives in their own apartment and receives support services but no contact information was available for the provider contact person,¹²⁵ and
- One person is in the hospital.

The guardian of one person did not respond to multiple contacts (phone and email) made by QADC Services.

The following are a few quotes QADC Services received from respondents:

- “Very supportive service to work with and to have an additional person to devote time to programming and areas that may be missed by others.”
- “As a parent and guardian, you hope staff are respectful and your [child] is safe, and that is what [Client name] has.”
- “Despite behavioral challenges, [Client name] remains active in their community. CSS has a long history with [Client name] and are able to assist new staff and programs by providing a wealth of knowledge about what works and what doesn’t work.”
- “It is great to hear that people check on things.”

¹²⁵ QADC Services attempted to obtain provider contact information from the person’s case manager, but the case manager did not have any provider contact information.

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Summary Assessment

The Department has met EC 93 by providing augmentative service supports, consultation, mobile teams and training to those supporting the person, as well as creating stronger diversion supports through appropriate staffing and comprehensive data analysis. The Department has provided specific data above and in previous reports documenting completion of EC 93 (See Doc. Nos. 342, 531, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 98

DHS will maintain therapeutic follow-up of Class Members, and clients discharged from METO/MSHS-Cambridge since May 1, 2011, by professional staff to provide a safety network, as needed, to help prevent re-institutionalization and other transfers to more restrictive settings, and to maintain the most integrated setting for those individuals.

Responsible Party: QADC Services Director

Current Status

EC 98 has been met.

EC 98 requires therapeutic follow-up of *Jensen* Class Members and people previously served at Minnesota Specialty Health System (MSHS)-Cambridge (collectively referred to here as the “Therapeutic Follow-up Group” or “TFU”) by professional staff to prevent re-institutionalization and other transfers to more restrictive settings, and to maintain the most integrated setting for those individuals.

The Department created Successful Life Project to help prevent re-institutionalization and other transfers to settings that are more restrictive, and to maintain the most integrated setting for persons in the Therapeutic Follow-up Group by providing consultation, services and supports to the person and their team. The services that Successful Life Project provides to help prevent re-institutionalization and maintain the most integrated setting—which include helping the person’s care providers to use person-centered positive behavior supports and to address health or medication needs—are services that can, by extension, improve overall quality of life. Successful Life Project targets its mentoring and coaching to increase community capacity to support Therapeutic Follow-up Group members in their communities.

Should a petition for civil commitment be initiated, however, Minn. Stat. chap. 253B, governing civil commitments, does not give the Department of Human Services authority to be involved as it is not a party to such proceedings.¹²⁶ The Department also does not have authority over a court’s decision to order a person confined pending commitment proceedings.

¹²⁶ See also *In re Thomas*, No. C6-95-735, 1995 WL 465611, *1, *2 (Minn. App. Aug. 8, 1995) (unpublished); *In re Bowers*, 456 N.W.2d 734, 736-37 (Minn. App. 1990).

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The Successful Life Project structure, services and support levels have been described previously in the status update for EC 98 in the Department’s August 2017 Semi-Annual Compliance Report and February 2020 Semi-Annual Compliance Report (Doc. Nos. 643 at 81-96 and 814 at 85-87).

In addition to the individualized supports described, the consultation model developed by Successful Life Project and implemented in 2017 includes proactive support tools that begin by addressing general supports and move into individualized supports as needed, and streamlined documentation and processes.

See Table 7 below for a breakdown of the Successful Life Project services and support provided at each level of support.

Table 7: Successful Life Project Levels of Support

	Priority	Secondary	Proactive Plus
Challenges/ Needs	TFU member at risk of potential loss of housing/ vocational program	TFU member presenting challenging behavior, health needs, mental health needs	Staff/family in need of technical assistance/ consultation
Visit/Contact Frequency	Weekly	Bi-weekly/Monthly	Monthly/Quarterly
Expected Participants	TFU Member, guardian, case manager, residential provider, vocational provider, family member	TFU Member, guardian, case manager, residential provider, vocational provider, family member	Guardian, case manager, residential provider, vocational provider, family member
BCBA Supports	<ol style="list-style-type: none"> 1. Data collection/analysis 2. Effective Environmental Checklist ¹²⁷ 3. Functional Behavior Assessment 4. Positive Behavior Support Plan development 5. Staff/team training 6. Team meeting attendance 7. Transition planning/ support 	<ol style="list-style-type: none"> 1. Data collection/analysis 2. Person-centered planning/ facilitation 3. Positive behavior support plan development 4. Transition planning/ support 5. Staff/team training 6. Team meeting attendance 	<ol style="list-style-type: none"> 1. Check-in with team via phone call or email 2. Data collection/analysis 3. Effective Environmental Checklist 4. Infrequent team meetings/ updates 5. Phone consultation 6. Staff/team training

¹²⁷ The Effective Environmental Checklist is a tool developed by Successful Life Project to discover the ideal living environment for the person served; this tool is used to assist with finding new housing, assessing the appropriateness of a potential new setting or to modify the person’s existing environment.

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	Priority	Secondary	Proactive Plus
RN Supports	<ol style="list-style-type: none"> 1. Functional Behavior Assessment - Medical portion 2. Staff/team training 3. Team meeting attendance 4. Transition planning/ support 	<ol style="list-style-type: none"> 1. RN Assessment Tool <ul style="list-style-type: none"> • Medication • Mental health • Physical health 2. Medication history review 3. Medication review 4. Staff/team training 5. Team meeting attendance 	<ol style="list-style-type: none"> 1. Check-in with team via phone call or email 2. Health consultation questions 3. Infrequent team meetings/updates 4. Medication history review 5. Medication review 6. Phone consultation 7. Staff/team training
Social Worker Supports	<ol style="list-style-type: none"> 1. Distress tolerance¹²⁸ 2. Effective Environmental Checklist 3. Mental Health Assessment 4. Solution-based intervention¹²⁹ 5. Staff/team training 6. Team meeting attendance 7. Transition planning/ support 	<ol style="list-style-type: none"> 1. Connecting person with community/resources 2. Distress tolerance 3. Effective Environmental Checklist 4. Mental Health Assessment 5. Person-centered planning/facilitation 6. Solution-based intervention 7. Staff/team trainings 8. Team meeting attendance 9. Transition planning/ support 	<ol style="list-style-type: none"> 1. Check-in with team via phone call or email 2. Connecting person with community/resources 3. Effective Environmental Checklist 4. Infrequent team meetings/updates 5. Mental Health Assessment 6. PHQ - 9¹³⁰ 7. Phone consultation 8. Solution-based intervention 9. Staff/team trainings

Therapeutic Follow-up Group members who are not currently receiving Primary, Secondary or Proactive Plus levels of support from Successful Life Project are identified as receiving Proactive support. Successful Life Project Supervisor monitors the Behavior Incident Report Form (BIRF) and 245D Termination Notices for Therapeutic Follow-up Group Members who receive Proactive support.

Since implementation of the Successful Life Project consultation model in 2017 for persons included in the Therapeutic Follow-up Group, there has been a steady decrease in Behavioral Incident Report Forms (BIRFS), including but not limited to 911 calls, Emergency Use of Manual Restraint (EUMR) and use of emergency medication (PRN) for these individuals.

¹²⁸ Distress tolerance skills refer to a type of intervention in Dialectical Behavioral Therapy (DBT) where persons learn to manage distress in a healthy way. These skills are helpful for situations where a person might not be able to control a situation but they need to manage their own response.

¹²⁹ Solution-focused intervention is a future-focused, goal-directed approach to therapy that highlights the importance of searching for solutions rather than focusing on problems.

¹³⁰ PHQ – 9: Patient Health Questionnaire – Quick Depression Assessment.

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Therapeutic Follow-up Group Status

As part of its on-going monitoring of the Therapeutic Follow-up Group, QADC Services regularly runs reports from the database used to manage *Jensen*-related information on the status of Therapeutic Follow-up Group members. The overall status of Therapeutic Follow-up Group members as of the end of this reporting period is summarized in Table 8 below.

Table 8: Status of Therapeutic Follow-up Group Members

Status	Number
Original TFU members	343
TFU members known deceased	41
TFU members believed living	302
TFU members currently in jail/prison in Minnesota	3
TFU members whose whereabouts are unknown	1

Of the 302 living Therapeutic Follow-up Group members, 275 were known to be in Minnesota and receiving state-funded services as of the end of the reporting period. Of these 275 people, about 88.0% (242/275) were living in community-based settings through corporate foster care, in their own home, or in the home of a family member or friend. Eighty-eight percent is slightly higher as compared to the previous reporting period of 87.3% (241/276) (See February 2020 Semi-Annual Report, Doc. No. 814 at EC 98).

As part of QADC Services/Successful Life Project's on-going efforts to support Therapeutic Follow-up Group members, QADC Services has worked with a DHS investigator to attempt to locate Therapeutic Follow-up Group members whose location was unknown¹³¹ (See Doc. Nos. 676, 700, 710, 763 and 814). During the January 1 to June 30, 2020 period, the DHS investigator made another attempt to locate the remaining one Therapeutic Follow-up Group member for whom the address was unknown. Based on the information available, the investigator was not able to locate the person. QADC Services also asked the investigator to locate addresses for 12 other Therapeutic Follow-up Group members who are not active on State programs and whose addresses needed verification. Using information gathered with the Thompson Reuters CLEAR investigation software¹³², QADC Services was able to verify addresses for nine Therapeutic Follow-up Group members and received confirmation that the address in CareManager was accurate for the other three Therapeutic Follow-up Group members.

During this reporting period, QADC Services continued to search for current addresses in available DHS databases including MMIS and MAXIS.¹³³ QADC Services contacted 53 case managers and 11

¹³¹ The date of the last known address varies from a few years old to more than 10 years old.

¹³² Thompson Reuters CLEAR is a research platform to search public and proprietary records to assist in locating individuals.

¹³³ County financial workers use the MMIS and MAXIS systems to document people eligible for state and federal funded services.

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county supervisors in an attempt to confirm addresses for 64 Therapeutic Follow-up Group members who are active on State programs that have an address in MMIS and MAXIS that did not match the address in CareManager. Through these efforts, QADC Services was able to verify 43 of the 64 (67%) addresses that did not match. QADC Services also confirmed two additional addresses through recent address updates by Successful Life Project staff. Overall, QADC Services verified 45 of 64 addresses (70%) that did not match.

Table 9 below summarizes the living situations of the Therapeutic Follow-up Group members known to be in Minnesota and receiving state-funded services as of the end of the reporting period.

Table 9: Living Arrangements of TFU Members Receiving State-Funded Services¹³⁴

Living Arrangement	Number	%
Assisted Living	1	0.4%
Board and Care	1	0.4%
Board and Lodge	3	1.1%
Corporate Foster Care ¹³⁵	209	76.0%
Crisis Home	5	1.8%
Family Foster Care	5	1.8%
Home-Own-Unlicensed	20	7.3%
Home-Own-Licensed	1	0.4%
Home-Family	10	3.6%
Home-Friend	2	0.7%
ICF/DD	4	1.5%
State Operated Facility ¹³⁶	8	2.9%
Unknown/Blank ¹³⁷	6	2.2%
TOTAL	275	100.0%

Preventing Re-Institutionalization and Transfers to More Restrictive Settings

On an ongoing basis, Successful Life Project proactively monitors the Therapeutic Follow-up Group population in a variety of ways to determine if a Therapeutic Follow-up Group member is in need of supports to help prevent re-institutionalization and other transfers to settings that are more restrictive. This monitoring includes:

¹³⁴ Not all living TFU Members receive state-funded services.

¹³⁵ This includes Minnesota State Operated Community Services (MSOCS) Corporate Foster Care homes.

¹³⁶ State Operated Facilities include the Forensic Mental Health Program (FMHP), Minnesota Sex Offender Program and Anoka Metro Regional Treatment Center.

¹³⁷ "Unknown/Blank" means that QADC Services has an address for the person but has not been able to verify the type of living arrangement.

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- Review of Behavior Intervention Report Forms and other incident notifications related to behavioral interventions;
- Identification of Therapeutic Follow-up Group members entered into the Department’s Single Point of Entry System;¹³⁸
- Review of Licensing investigation reports;
- Review of reports that QADC Services or Successful Life Project may receive from the Office of the Ombudsman for Mental Health and Developmental Disabilities;
- Review of 245D Services Termination Notices; and
- Ongoing contact with case managers and/or providers of Therapeutic Follow-up Group members.

The goal of this monitoring is to identify Therapeutic Follow-up Group members who are experiencing challenges before these difficulties reach the level at which care providers consider transferring the person to a more restrictive setting.

The therapeutic follow-up provided by Successful Life Project involves a range of supports from brief consultation to intensive, individualized supports. In accordance with best practices, Successful Life Project staff are trained in trauma-informed approaches to care. The needs of the person and the ability of the person’s team to support the person effectively, as well as their desire for Successful Life Project assistance, dictate the level and type of Successful Life Project involvement.

During this reporting period, 64 members of the Therapeutic Follow-up Group received individualized Successful Life Project services or supports. During this reporting period, the Successful Life Project:

- Board Certified Behavior Analysts provided support to 52 of the 64 Therapeutic Follow-up members;
- Nurse provided supports to 13 of the 64 Therapeutic Follow-up Group members; and
- Social worker provided supports to 12 of the 64 Therapeutic Follow-up Group members.

To provide people and their teams with the appropriate level of support, Successful Life Project groups Therapeutic Follow-up Group members based on the level of support needed. Persons receiving “Priority level” supports have a potential loss of their current living situation due to challenging behaviors and/or the presence of significant risk factors. Persons receiving “Secondary level” supports present challenging behaviors, but their placement is not threatened. Persons receiving “Proactive Plus level” supports present the need for technical assistance and consultation. Successful Life Project assigns persons not receiving Primary, Secondary or Proactive Plus level supports to the “Proactive” group. For more information about support levels, see Table 7: Successful Life Project Levels of Support.

Of the 64 members of the Therapeutic Follow-up Group that received individualized Successful Life Project services or supports during the reporting period, seven members received Priority level

¹³⁸ The Department’s Single Point of Entry is a system that coordinates crisis resolution responses for individuals with developmental disabilities. Crisis is defined as a behavioral crisis that puts the person at risk of losing their current living situation.

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supports, 24 members received Secondary level supports, 42 members received Proactive Plus level of supports and 17 members received Proactive level supports.¹³⁹

During this reporting period, 23 members of the Therapeutic Follow-up Group moved between different support levels:

- 6 people moved from Proactive to Proactive Plus;
- 4 people moved from Proactive Plus to Secondary;
- 7 people moved from Proactive Plus to Proactive;
- 1 person moved from Proactive to Proactive Plus to Secondary;
- 1 person moved from Secondary to Proactive Plus to Proactive;
- 1 person moved from Proactive to Secondary to Priority; and
- 3 people moved from Priority to Secondary.

See Tables 10- 12 below for a breakdown of instances of individualized supports and services provided by Successful Life Project staff during this reporting period.

The Department notifies Successful Life Project when a Behavior Intervention Report Form or 245D Services Termination Notice is completed for a Therapeutic Follow-up Group member. When notified of either occurrence, the Successful Life Project Supervisor contacts the person's case manager to discuss support that Successful Life Project can provide. During this reporting period, the Successful Life Project Supervisor also followed-up on four BIRFs for Therapeutic Follow-up Group members who did not receive direct support from Successful Life Project and are not reflected in Tables 10 – 12.

¹³⁹ Persons who changed to a different support level during the reporting period are counted in more than one category.

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Table 10: Successful Life Project Behavior Analyst Supports and Services

Successful Life Project Behavior Analyst Supports and Services	Instances
Consultation	3
Effective Environmental Checklist ¹⁴⁰	3
Functional Behavioral Analysis	3
Positive Behavior Support Plan	8
Positive Behavior Support System Evaluation Tool (PBS SET) ¹⁴¹	1
Person-Centered Plan	10
Technical Assistance/Consultation	49
Training	5
Transition Planning	4
Other ¹⁴²	8
TOTAL	94

Table 11: Successful Life Project Social Worker Supports and Services

Successful Life Project	Instances
Consultation	2
Effective Environmental Checklist	3
Positive Behavior Support Plan	1
Person-Centered Plan	1
Technical Assistance/Consultation	12
Training	1
Transition Planning	2
Other ¹⁴³	7
TOTAL	29

¹⁴⁰ The Effective Environmental Checklist is a tool developed by Successful Life Project to discover the ideal living environment for the person served; this tool is used to assist with finding a new residential placement, assessing the appropriateness of a potential new setting or to modify the person's existing environment.

¹⁴¹ The PBS SET (Positive Behavior Support System Evaluation Tool) is a tool used by the Successful Life Project team to guide technical assistance and support for *Jensen* Class Members. The PBS SET was developed to evaluate service delivery within the framework of person-centered practices and positive behavior support. The PBS SET was based on the Positive Environment Checklist originally developed by the Rehabilitation Research and Training Center on Positive Behavior Supports.

¹⁴² Successful Life Project Behavior Analyst "Other" activities include follow-up on Behavior Intervention Report Forms (BIRFs) submitted to DHS, data analysis and follow-up phone calls for persons in the Priority or Secondary group.

¹⁴³ Successful Life Project Social Worker "Other" activities include follow-up on Behavior Intervention Report Forms (BIRFs) submitted to DHS, and follow-up phone calls for persons in the Priority or Secondary group.

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Table 12: Successful Life Project Nursing Supports and Services

Successful Life Project Nursing Supports and Services	Instances
Consultation	2
Health Education	3
Medication Review	3
Technical Assistance/Consultation	10
Transition Planning	3
Other ¹⁴⁴	4
TOTAL	25

As described in the Introduction to this report, due to the pandemic, Successful Life Project began providing services remotely beginning on March 17, 2020. Data reviewed on the number of in-person visits before March 17, 2020 and the number of remote visits after March 17, 2020, shows that Successful Life Project provided a consistent level of support for Therapeutic Follow-up Members before and after the imposition of social distancing restrictions.

- From January 1 through March 16, Successful Life Project had 225 instances of contact over 76 days (2.96/day)
- From March 17 through June 30, Successful Life Project had 463 instances of contact over 106 days (4.36/day)

The increase in the rate of contacts after the imposition of social distancing restrictions reflects: (1) increased capacity for Successful Life Project to make contacts because staff did not spend as much time driving to in-person visits; and (2) increased demand for Successful Life Project services due to an increase in Therapeutic Follow-up Group member stress and crisis resulting from the pandemic.

People who received individualized supports from Successful Life Project during the reporting period were in various living situations over the reporting period (See Table 13 below).

¹⁴⁴ Successful Life Project Nursing “Other” activities include helping the person’s team to develop health-related protocols and to set up health care consultations or health-related supports in the community.

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Table 13: Living Arrangements of Persons Receiving Successful Life Project Supports

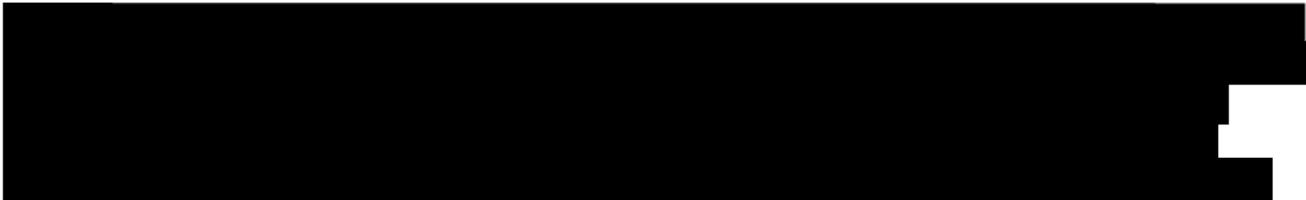
Living Arrangement	Total - Beginning of Reporting Period	Total – End of Reporting Period	Change
Assisted Living	1	1	0
Corporate Foster Care	48	43	-5
Family Foster Care	1	3	+2
Crisis Home	3	5	+2
Home-Own	5	5	0
Home-Family/Friend	0	1	+1
Hospital	1	1	0
ICF-DD	1	1	0
IRTS ¹⁴⁵	1	0	-1
Jail-Detention Center	1	1	0
Skilled Nursing Facility	0	1	+1
State Operated Facility ¹⁴⁶	2	2	0
TOTAL	64	64	

During this reporting period, four members of the Therapeutic Follow-up Group who received individualized Successful Life Project supports moved to a more integrated setting:

- 1 person [REDACTED] transitioned from jail to a crisis home;
- 1 person [REDACTED] transitioned from the hospital to corporate foster care;
- 1 person [REDACTED] transitioned from Intensive Residential Treatment Services (IRTS) to family foster care; and
- 1 person [REDACTED] transitioned from corporate foster care to Home-Family/Friend.

During this reporting period, four members of the Therapeutic Follow-up Group who received individual Successful Life Project supports moved to a less integrated setting:

- 1 person [REDACTED] transitioned from corporate foster care to the hospital;
- 1 people [REDACTED] transitioned from corporate foster care to a crisis home;
- 1 person [REDACTED] transitioned from corporate foster care to jail; and
- 1 person [REDACTED] transitioned from corporate foster care to a skilled nursing facility.



¹⁴⁵ Intensive residential treatment services (IRTS) are time-limited mental health services provided in a residential setting.

¹⁴⁶ State Operated Facilities include the Forensic Mental Health Program (FMHP), Minnesota Sex Offender Program and Anoka Metro Regional Treatment Center.

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Reporting Period: January 1, 2020 to June 30, 2020

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Successful Life Project provided information on five people randomly selected¹⁴⁸ from the 26 Therapeutic Follow-up Group members who were receiving Priority or Secondary level of support from Successful Life Project as of June 30, 2020. The following is a summary of the information obtained from Successful Life Project staff, supplemented by information from Successful Life Project case notes, for each person in the random sample:

[REDACTED]

¹⁴⁸ To monitor Successful Life Project supports, QADC Services pulled a random sample from the list of people who received individual supports (Priority or Secondary) support from Successful Life Project as of June 30, 2020. QADC Services alphabetized and numbered the list of people who received supports from Successful Life Project during the relevant time period. QADC Services used Random.org (<https://www.random.org/>) to generate five random numbers based on the total number of people who received supports from Successful Life Project during the reporting period. QADC Services then matched the numbers generated to the alphabetized list of names.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

Successful Life Project also provided information on six people randomly selected from the 29 Therapeutic Follow-up Group members who were receiving Proactive Plus level of support¹⁴⁹ as of June 30, 2020. The following is a summary of the information obtained from Successful Life Project staff, supplemented by information from Successful Life Project case notes, for each person in the random sample:

[REDACTED]

[REDACTED]

¹⁴⁹To monitor Successful Life Project supports, QADC Services pulled a random sample from the list of people who received Proactive Plus support from Successful Life Project as of June 30, 2020. QADC Services alphabetized and numbered the list of people who received supports from Successful Life Project during the relevant time period. QADC Services used Random.org (<https://www.random.org/>) to generate six random numbers based on the total number of people who received supports from Successful Life Project during the reporting period. QADC Services then matched the numbers generated to the alphabetized list of names.

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Population-Level Supports Provided

Successful Life Project's supports also include population-level support strategies, such as providing training or sharing information on topics and best practices that are generally relevant to persons in the Therapeutic Follow-up Group. During this reporting period, Successful Life Project staff provided

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one training session to a provider supporting Therapeutic Follow-up Group members. Successful Life Project staff conducted the training on April 23, 2020 and provided the house supervisor with information about general positive behavior supports that staff can implement for the people that they support. Successful Life Project staff conducted the training by videoconferencing due to COVID-19 restrictions.

Consumer Satisfaction Surveys

As previously reported, QADC Services and Successful Life Project sends out consumer satisfaction surveys to Therapeutic Follow-up Group members who receive Successful Life Project services and supports and who move to a different level of supports (See Doc Nos. 614-1 at 78, 643 at 81, and 676 at 75).

QADC Services sends out surveys to any case managers, guardians, family members who have been involved in the team, and residential providers that the person has. In May 2020, QADC Services and Successful Life Project sent out consumer satisfaction surveys to six case managers,¹⁵⁰ seven guardians¹⁵¹ and seven residential providers¹⁵² of the eight Therapeutic Follow-up Group members who received Priority or Secondary level of support during the months of January 1, 2020 to May 12, 2020 and had a change in level of support.

QADC Services and Successful Life Project also sent consumer satisfaction surveys to the eight Therapeutic Follow-up Group members who received Priority or Secondary level of support during the Months of January 1, 2020 to May 12, 2020 and had a change in level of support. No guardian objected to the survey being sent to the person whom they support. QADC Services and Successful Life Project sent the surveys to Therapeutic Follow-up Group members via US mail and included a self-addressed stamped envelope.

In response to the surveys sent, QADC Services and Successful Life Project received responses from the following respondents:

- 4 Therapeutic Follow-up Group members
- 7 County case managers¹⁵³
- 0 Guardians
- 2 Providers
- 0 Family members

¹⁵⁰ Two case managers had two clients who were part of this population.

¹⁵¹ Four guardians were also family members. One guardian was not contacted due to having just taken over guardianship and had not participated in a team meeting as of yet. Successful Life Project will contact the new guardian to introduce themselves and explain the support that Successful Life Project provides to Therapeutic Follow-up Group members and their teams.

¹⁵² One person lived with their mother, who was their guardian and received the survey in that capacity.

¹⁵³ Note, surveys are sent out for individual Therapeutic Follow-up Group members, so QADC Services could receive up to eight responses from case managers, even though only six case managers received surveys.

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When the four Therapeutic Follow-up Group members were asked to respond to the following five statements:

1. My life is better since Successful Life Project helped me;
2. The Successful Life Project staff member(s): Knew my needs;
3. The Successful Life Project SLP staff member(s): Knew how to help me;
4. The Successful Life Project staff member(s): Answered my questions and my team's questions; and
5. The Successful Life Project staff member(s): Said things in a way I could understand.

Three Therapeutic Follow-up Group members responded either yes/somewhat/a little to all five statements. One Therapeutic Follow-up Group member did not answer one of the questions and wrote in the answer "work in progress," but selected "Yes" for the other questions.

When the four Therapeutic Follow-up Group members were asked, "What was the most helpful thing Successful Life Project did?"

- One respondent stated that Successful Life Project provided support and a safe space for discussion.
- Two respondents stated that Successful Life Project helped them make a plan to move forward and work through their behaviors.
- One respondent reported that Successful Life Project helped them to develop their coping skills and their living skills.

Six of nine (67%) county case managers and providers who responded agreed or strongly agreed that Successful Life Project (1) helped the person to make significant progress and (2) helped to improve the person's overall quality of life.

Feedback provided by the survey respondents included that Successful Life Project staff take a person-centered approach to working with Therapeutic Follow-up Group members. One respondent stated, "The approach used and resources shared to aid our resident in helping manage their anxiety and agitation has been a great asset to our staff and the resident." One concern raised in the survey was that the quality and turnover of staff in the residential settings limits the success of the services from Successful Life Project.

Four respondents (two case managers and two residential providers) responded "yes" to the question "Could we contact you regarding your experience(s) with Successful Life Project?" QADC Services followed up with all four respondents.

When asked how Successful Life Project can improve:

- One respondent would like to see Successful Life Project ask Therapeutic Follow-up Group members for feedback more often.
- One respondent would like to see Successful Life Project collaborate with Therapeutic Follow-up Group member's therapists more frequently.
- One respondent reported that it would be helpful if Successful Life Project had a list of supports that can be provided to teams, along with a definition of each support. This respondent also thought it would be helpful if Successful Life Project developed a script for case managers to use to better

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describe what professions are a part of the Successful Life Project team and why Successful Life Project should be involved with a team.

- One respondent reported that they did not have a suggestion for improvement but shared that Successful Life Project has been instrumental in the success of the Therapeutic Follow-up Group member.

When asked if there are concerns with Successful Life Project, four of the four respondents stated that they did not have any concerns.

Verification

Because Successful Life Project is a part of QADC Services and receives clinical supervision from the Internal Reviewer, the QADC Services Director and Internal Reviewer both have personal knowledge of the structure of Successful Life Project and the way it provides services.

To obtain additional information about the supports provided by Successful Life Project during the reporting period, QADC Services/Successful Life Project Supervisor reviewed case notes and interviewed the assigned Successful Life Project Board Certified Behavior Analyst, the Successful Life Project Social Worker and/or the Successful Life Project nurse for the people included in the two Successful Life Project random samples. This information is summarized in the status update for EC 98.

To verify the information provided by Successful Life Project staff about the Priority and Secondary Supports or Proactive Plus supports summarized above, and to obtain additional detail about how these supports have helped people and their teams, QADC Services contacted case managers, providers and family members or guardians (where available).

Priority or Secondary Supports Verification

QADC Services utilized a standardized interview protocol that asked the following questions regarding persons who were receiving Priority or Secondary Supports on June 30, 2020: (1) why Successful Life Project became involved in providing supports to the person?; (2) what services and supports were provided by Successful Life Project?; and (3) if and how the services provided supported the person to remain in and/or become more involved in the community?

For the five people in the random sample above who received Successful Life Project Priority or Secondary supports during reporting period, QADC Services received responses from five case managers, four providers and four guardians or family members.

QADC Services was unable to contact the residential provider and guardian for one person after three attempts.

The information QADC Services received from case managers, providers and guardians or family members was generally consistent with what the Successful Life Project behavior analysts, registered nurse or social worker reported to QADC Services and what QADC Services obtained from case notes.

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The following are responses received from case managers, providers and guardians or family members regarding the experience of working with Successful Life Project:

- “[Name of Successful Life Project staff] was instrumental in supporting [Client name] when [Client name] was working. [Name of Successful Life Project staff] was very helpful in helping the vocational program in what unique challenges [Client name] poses in being more independent.”
- “[Name of Successful Life Project staff] has helped mediate issues between [Client Name] and their home/work. When issues arise, [Name of Successful Life Project staff] develops action plans to target certain areas of concern. Recently, [Name of Successful Life Project staff] has helped [Client name] talk through concerns and issues regarding COVID 19.”
- “Successful Life Project took the time to get to know [Client name] as an individual.”
- “There were a few face-to-face check-ins between Successful Life Project and [Client name], but due to COVID interactions and supports were limited. The Successful Life Project worker maintained constant communication and asked if/how we needed support.”

Proactive Plus Supports Verification

QADC Services utilized a standardized interview protocol that asked the following questions regarding persons who were receiving Proactive Plus Supports on June 30, 2020 (1) why Successful Life Project became involved in providing supports to the person?; (2) what services and supports were provided by Successful Life Project?; and (3) how has Successful Life Project been helpful to the person and/or their team?

For the six people in the random sample above who received Successful Life Project Proactive Plus supports during reporting period, QADC Services received responses from five persons.¹⁵⁴QADC Services was unable to make contact with the provider contact for one person after three attempts.

The following are responses received from the contact person regarding the experience of working with Successful Life Project:

- “Successful Life Project BCBA has provided the residential provider with technical assistance as incidents/concerns occur throughout this reporting period. [The] Successful Life Project BCBA has also talked with [Client name] on the phone weekly and has attended [Client name]’s team meetings.”
- “Successful Life Project has been helpful in understanding this service and what it can provide for [Client name]. Successful Life Project has been helpful in the guidance they provided to help navigate the concerns that [Client name] had with their housemate. [Client name] did end up moving and Successful Life Project offered to be a resource during this time as well.”
- “I would say that [Client name] has benefitted by having a non-staff person to talk to about their thoughts/problems, gets to practice social skills and access to another person at a time when [Client name] is more isolated than [Client name] typically is.”

¹⁵⁴ Proactive Plus is a consultative type of support; therefore, Successful Life Project is often only in contact with one person from the team. Due to the limited contact with all team members, only Successful Life Project’s main contact person was contacted to answer the verification questions.

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- “[Successful Life Project] provided guidance, which is person-centered, programming ideas to team, support of plan of care and positive support strategies.”

Summary Assessment

The Department has met EC 98 by having professional staff provide therapeutic follow-up to members of the Therapeutic Follow-up Group to help prevent reinstitutionalization or transfers to more restrictive settings and to help maintain the most integrated setting for members. The Department has provided specific data above and in previous reports documenting completion of EC 98 (See Doc. Nos. 531, 572, 589, 614-1, 643, 676, 700, 710, 763 and 814).

Evaluation Criteria 103

Within thirty (30) days of the promulgation of the Adopted Rule, Plaintiffs' Class Counsel, the Court Monitor, the Ombudsman for Mental Health and Developmental Disabilities, or the Executive Director of the Governor's Council on Developmental Disabilities may suggest to the Department of Human Services and/or to the Olmstead Implementation Office that there are elements in the Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40 (Final Version - July 2013) which have not been addressed, or have not adequately or properly been addressed in the Adopted Rule. In that event, those elements shall be considered within the process for modifications of the Olmstead Plan. The State shall address these suggestions through Olmstead Plan sub-cabinet and the Olmstead Implementation Office. Unresolved issues may be presented to the Court for resolution by any of the above, and will be resolved by the Court.

Responsible Party: DHS Deputy Senior Counsel

Current Status

EC 103 has been met.

The Department, the Office of Ombudsman for Mental Health and Developmental Disabilities, and the Governor’s Council on Developmental Disabilities met from summer 2016 through November 2017 to discuss elements of the Rule 40 Advisory Committee recommendations that may not be adequately or properly addressed by the Positive Supports Rule. The group reviewed the recommendations of the Rule 40 Advisory Committee and the efforts of the Department. Early in its work, the group determined that none of the elements which remained under discussion would be the subject of a proposed amendment to the measurable goals of the Minnesota Olmstead Plan. Of the 47 elements of the Rule 40 Advisory Committee recommendations under discussion, the group agreed that 43 are complete. The group agreed to suspend future meetings unless and until more discussion of the recommendations is needed.¹⁵⁵

¹⁵⁵ If a member of the group would like to initiate more discussion of the recommendations, they can make a request for the group to meet.

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To date, no unresolved issues have been presented to the Court for resolution. From the Department's perspective, the Rule 40 Advisory Committee recommendations have been addressed and nothing further is required under this EC.

Verification

The Responsible Party was personally involved in the events reported in the status update for this EC.

Summary Assessment

The Department has met EC 103 by convening a workgroup to address elements of the Rule 40 Advisory Committee Recommendations not adequately or properly addressed by the Positive Supports Rule. By consensus, no such issues were presented to the Olmstead Subcabinet and were instead addressed by the Department. No unresolved issues have been presented to the Court. The Department has provided specific data above and in previous reports documenting completion of EC 103 (See Doc. Nos. 531, 614-1, 643, 676, 700, 710, 763 and 814).

Jensen Settlement Agreement
Comprehensive Plan of Action (CPA)

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Identifier Key

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Identifier	Name
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Identifier	Name
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M4	
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S9	
T1	
T2	
T3	
T4	
V1	
W1	
Z1	